

CLAIM FORM

Policy Number Claim Number

INSURED/OWNER

FULL NAME ADDRESS TELEPHONE NO: MOBILE NO:

NAVIGATOR/HELMSMAN

If the person in charge of your vessel at the moment of the accident was someone other than the above-named please give the person's name, age, address, occupation together with qualifications and experience in handling craft.

VESSEL DETAILS

Name of vessel Age Full value £ Type of vessel What crew was carried? For what purpose was the vessel used at the time of the accident?

DETAILS OF INCIDENT – EX THEFT

Date & time of the incident What was the cause? Where did it happen? Was the vessel racing at the time? YES/NOPlease state weather conditions, wind direction, Beaufort Scale Force

Explain fully how events giving rise to your claim occurred (indicate speed, depth of water etc.)
If necessary continue on back page and provide sketch

DESCRIPTION OF DAMAGE

Please describe the nature and extent of loss or damage to your vessel

What is the approximate cost of repairs or reinstatement?
(an estimate from a firm of repairers should be submitted as soon as possible).

£

What was done to minimise the loss or damage?

Where can the vessel be inspected?

SALVAGE

If any salvage services have been rendered, please give full details including names and addresses of those who claim to have given such service and under what circumstances

THIRD PARTIES

Please give full details of any injury to third parties or damage to third party vessels or property including names and addresses of all persons concerned

IMPORTANT NOTE

- ◆ No payment, settlement or admission of liability must be made without the consent of the Company.
- ◆ Every notice, whether written or verbal of any claim or proceedings must be forwarded to the Company immediately.

WITNESSES

Please give the names and addresses of all those who witnessed the incident

Those on board
your vessel

Independent
witnesses

DETAILS OF INCIDENT (CONTINUED)

If there are any other policies in force providing cover for the property claimed for please give details

Are you registered for VAT? YES/NO If "YES" state registration no:

I/we declare that the above answers and particulars are true and complete in every respect

Signature of Insured Date

Signature of person in charge of vessel Date