



Claim Form

Insured / Owner

Policy Number: Daytime Number:

Full Name: Evening Number:

Address: Mobile Number:

..... Email Address:

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Post Code:..... Vessel Name:

Navigator / Helmsman / Crew

Who was in charge of your vessel at the moment the incident occurred?

If not Insured/Owner please provide name, address and occupation together with particulars of qualifications and experience in handling craft:

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How many crew were on board?

Incident Details

Please provide date and time of incident: Date: Time:

Where did the incident happen?

If relevant, please describe weather conditions at time of incident.

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What was Beaufort Scale Force?

What was wind direction?

Was the vessel racing at the time? Yes: No:

Please explain full how event giving rise to your claim occurred. (If relevant continue on back page and provide diagram / Sketch):

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Damage Sustained to vessel:

Please detail nature and extent of damage to vessel:

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Tender / Dinghy (if involved)

Make: Model:

Year of manufacture: Length:

Please describe how she was marked with the parent vessels name or other unique marking:

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Outboard Motor(s) (if involved)

Make: Model: Horsepower:

Year of manufacture: Serial no: Replacement Cost:

Repairs to vessel

Approximate cost of repairs and or replacement: £

(An estimate from a firm of repairers should be submitted as soon as possible)

Are you able to reclaim VAT content of repair costs? Yes No

DO NOT INITIATE REPAIRS UNTIL ESTIMATE HAS BEEN APPROVED BY US

Please detail what action is being undertaken in order to minimise the loss or damage:

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Where can the vessel be inspected?

Third Parties

Have any claims been made on you: Yes No

If yes, state amount if known: £

Please provide details of damage or injury and names of all persons concerned:

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Do you consider a Third Party to be responsible

for the incident? Yes No

If yes please provide details:

Name:

Address:

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Post Code:

Telephone No:

Email:

NOTE: IF A CLAIM HAS BEEN RECEIVED

FROM A THIRD PARTY – Please acknowledge, stating the matter is having attention but **DO NOT ADMIT LIABILITY** or make any offer or promise of payment.

Have you written holding them responsible?

Yes No

(If yes, please attach a copy of correspondence).

Insurance Company (If known)

Additional Information (Theft losses only)

When was the vessel last inspected prior to the theft: Date: Time:

Who discovered theft?
 (If not owner please provide
 details, name and address)

How was entry to vessel made
 and/or item(s) removed?

In case of dinghy, outboard,
 gear stored or fitted aboard,
 what security precautions or
 anti-theft device(s) were fitted?

Please provide name and address
 of police station to which theft reported

Date reported: Crime Reference Number:

Additional Information (Please list below details of items damaged/stolen)

Description of article	Make	Date Purchased	Original Price	Amount Claimed
			Total	

Salvage

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

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Witnesses

Please detail names and addresses of any witnesses:

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Passengers in vessel:

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Independent witnesses:

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Please provide further information or diagram / sketch below if necessary:

I hereby declare that the above answers and particulars are true to the best of my knowledge and belief

Signature:	Date:
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