

## MARINE HULL INSURANCE CLAIM FORM

The issue of this form is not to be taken as an admission of liability

### POLICYHOLDER(S)

Name:		Policy Number	
Postal Address			
Telephone	Mobile	E-Mail:	

### PARTICULARS OF VESSEL

Name of Vessel:	Year of Built:
Registration No:	Flag:
Type	Length
GRT:	Breadth:
Class:	BHP Speed of Vessel:

### TYPE OF CLAIM

<input type="checkbox"/>	Collision	<input type="checkbox"/>	Theft	<input type="checkbox"/>	Fire
<input type="checkbox"/>	Malicious Damage	<input type="checkbox"/>	Storm	<input type="checkbox"/>	Sinking
<input type="checkbox"/>	Transit Damage	<input type="checkbox"/>	Liability	<input type="checkbox"/>	Explosion
<input type="checkbox"/>	Others				

### PARTICULARS OF NAVIGATOR/HELMSMAN

Name of person operating the vessel:			
Postal address:			
I.D. card No. / passport No:	Telephone:	Mobile:	E-Mail:
Nautical driving license number:		Expiry date:	

Date of birth:	Boating experience (Years):
What is the relationship of this person to the policyholder?	
Was any person involved in this incident under the influence of alcohol or intoxicating drugs? Yes                      No	

#### CIRCUMSTANCES OF LOSS

Date and time:			
Location where the incident occurred:			
Speed of your vessel in knots:	Weather conditions:	Wind direction:	Wind Speed:
Please state the purpose for which the vessel was being used at time of the incident:			
Please give us an accurate position of the wreck site. (This is only applicable if the vessel has sunk.):			
Explain fully and in detail how the incident occurred:			
Please state the number of persons which were on board at the time of the incident:			

#### DETAILS OF CLAIM

What is being done to minimize the loss or damage?
Where can the vessel be inspected?
Nature and extent of loss or damage to your vessel:

PLEASE SUPPLY A MINIMUM OF TWO ESTIMATES FOR THE REPAIRS / REPLACEMENT OF ITEMS WHICH ARE BEING CLAIMED BELOW.

Quotations are attached	Yes	No
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If you are still waiting for estimates of repairs and / or replacement, please ensure that they reach our offices as soon as possible in order that we may settle your claim more quickly. You must not proceed with repairs without our approval.

### HULL, INBOARD MACHINERY & NAVIGATIONAL EQUIPMENT

In the event of damage property please complete the following:

Description of item	Name of repairer	Estimate cost of repairs	Amount Being Claimed
		Total	SR

In the event of lost or stolen property please complete the following:

Full description of article including make & model	Date purchased or age and from where purchased	Replacement cost	Amount claimed (Value at date of loss)
		Total	SR

### OUTBOARD MOTOR

Make and model:	Year of manufacture:
Serial No:	HP:
In the case of theft of the outboard motor, gear stored or fitted aboard, what security precautions or anti-theft device(s) were fitted or used?	

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

**ADDITIONAL INFORMATION - To be completed in case of THEFT**

Where was the property which is being claimed as stolen stored?

Was there evidence of forcible entry?      Yes                      No

How was entry gained and how was the property removed?

**ADDITIONAL INFORMATION - Police Authorities**

Have you reported the incident to the police?      Yes                      No

Police Station:

Date & time reported:

Police report number:

**Salvage**

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

**DAMAGE / INJURIES TO THIRD PARTIES**

Was any other party injured or was property belonging to other parties damaged in this incident?

Yes                      No

If Yes please complete the following details:

Name:		Postal address:	
I.D. card No. / passport No.:	Telephone:	Mobile:	E-Mail:
If this incident involves another vessel or vehicle please provide the following:			
Make:		Model:	
Registration number:		Colour:	Name of Insurer:
Please advise the extent of damage or injuries sustained:			

Who do you consider responsible for this incident?

Why do you consider this person responsible?

**IMPORTANT NOTICE: IF A CLAIM HAS BEEN RECEIVED FROM A THIRD PARTY same should be merely acknowledged, stating that the matter is receiving attention. DO NOT DISCLOSE the fact that insurance exists and DO NOT ADMIT LIABILITY or make any offer or promises of payment.**

### WITNESSES

Name:		Postal address:	
I.D. card No. / passport No.:	Telephone:	Mobile:	E-Mail:

### OWNERSHIP AND OTHER INSURANCE

Are you the sole owner of the lost or damaged property?	Yes	No
If not, please provide details.		
Have you put forward any claim for property damage following this incident with another insurance company?	Yes	No
If Yes, please provide details.		
Name of insurer:	Policy number:	

### INSURED'S HISTORY

Have you in the past five years		
Registered a claim?	Yes	No
Been refused insurance cover?	Yes	No
Been charged / convicted of any criminal offence?	Yes	No
If you answered 'Yes' to any of the above please provide details.		

**PLEASE PROVIDE FURTHER INFORMATION IF NECESSARY - Should the incident involve a collision with a third party please draw a sketch plan highlighting the dynamics of the collision**

### IMPORTANT NOTICE

Please note that failure to disclose all material facts (that is, those facts that an insurer would regard as likely to influence the acceptance or assessment of this claim) could invalidate this claim. If you are in doubt whether a fact is material you should disclose it.

### DECLARATION

1. I/We, the undersigned, declare that the information given in this claim form is true and correct to the best of my/our knowledge and belief.
2. I/We claim the above amount in respect of the items mentioned.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_