

Motor Boat and Yacht Claim Form

Particulars of Insured

Policy Number:

Inception/Renewal Date:

Full Name:

Address:

Contact Numbers:

Home:

Business:

Fax:

Mobile:

Email:

Other:

Particulars of Vessel

Name:

Fuel:

Type:

Engine Make:

Length:

Vessel Sum Insured:

H.P.:

What Crew were Carried:

Particulars of Navigator or Helmsman

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

Name:

Occupation:

Address:

Particulars of sailing qualifications and
Experience handling craft:

Details of Claim

Date:

Direction and speed of current:

Time:

Depth of Water:

Place:

Wind Speed:

Speed of your vessel through the water:

Did your vessel comply fully with the "Rule of the road at Sea"

YES

NO

What Lights was she carrying:

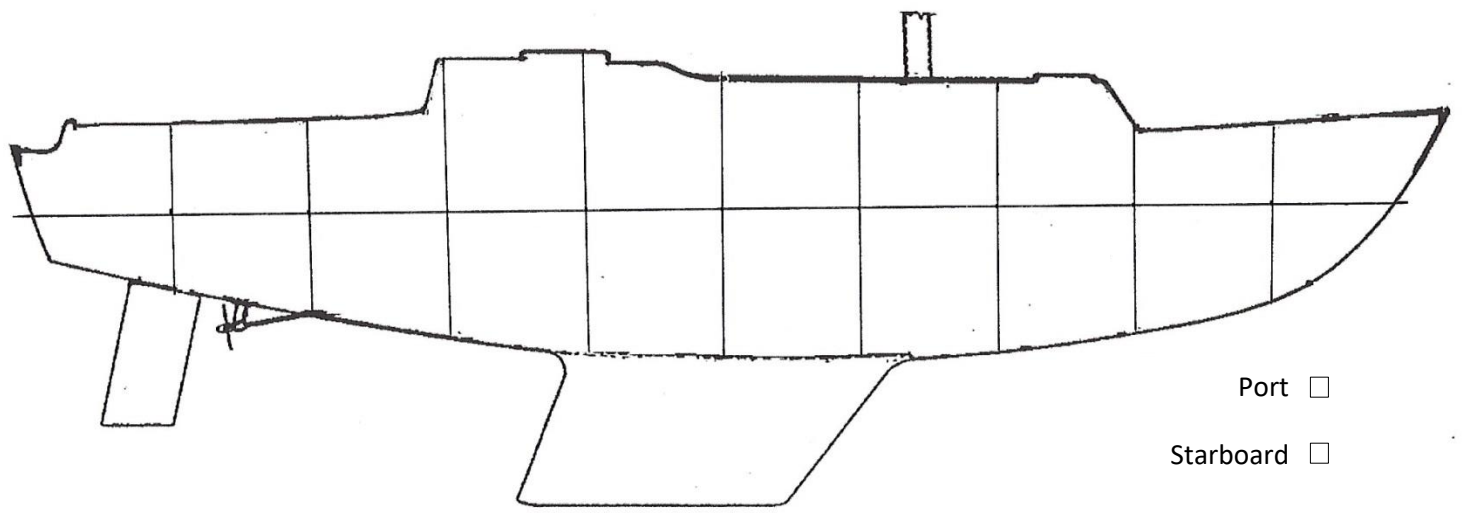
Please state the purpose for which the vessel was being used at the time of the accident:

Details of accident – Continued

Was the vessel racing or under starters orders: YES NO
Have you reported the incident to the receivers of wrecks or other officials: YES NO
(If yes is ticked please supply further information i.e. Name, addresses or contact details)
If the vessel is a wreck, give the position as accurately as possible:

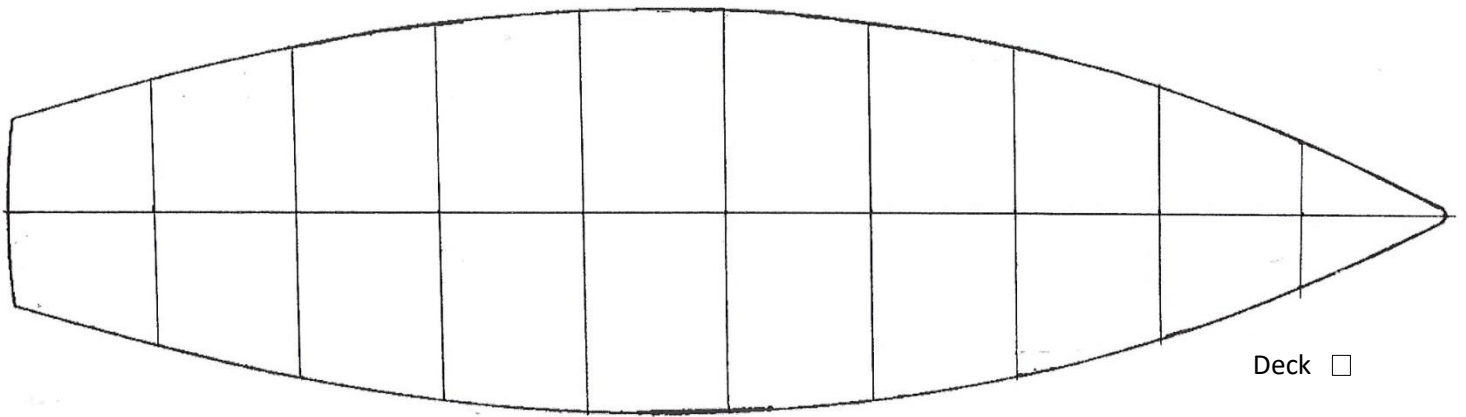
Can she, in your opinion be salvaged: YES NO

Explain fully how the claim occurred. Please provide a sketch. (if more space is required continue on a separate sheet, which must be signed and dated).



Port

Starboard



Deck

Hull

Using the diagram above please indicate with an **X** what area or areas of your vessel have sustained damage.

Any additional comments you wish to make regarding the damage can be added into the below box.

Damage Sustained to Your Vessel

Nature and extent of loss or damage to your vessel:

Approximate cost of repair or replacement:

Two estimates of repair or replacement should be submitted as soon as possible.

DO NOT INITIATE REPAIR TO YOUR VESSEL UNTIL ESTIMATES HAVE BEEN APPROVED. IN SOME CASES A LOSS ADJUSTER MAY BE APPOINTED.

What is being done to minimise the loss or damage:

Where can the vessel be inspected:

Please provide details of preferred repairer.

Name:

Contact Number:

Address:

Fax:

Email:

Details of Tender or dinghy (if involved)

Was the tender/dinghy marked with the name of the parent vessel: YES NO

Make:

Type:

Year:

Details of Theft

Date:

Place:

Time:

Date when vessel was last inspected:

Who discovered the theft:

Name:

Address:

Contact Number:

In the case of the outboard motor, gear stored or fitted aboard, what security precautions or anti-theft devices were fitted or used:

How was the entry made to the vessel:

For theft or malicious damage please provide details of the following:

Police station to which the loss was reported:

Contact Numbers:

Name of the attending officer:

Crime reference number:

Address of station:

<u>Full description of Articles</u>	<u>Manufacturer</u>	<u>Date Purchased or Age</u>	<u>Cost price of replacement</u>	<u>Cost of repair</u>	<u>Amount claimed</u>
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TOTAL:

Outboard Motor If your outboard is involved in this incident please supply the following information:

Make:

Year of Manufacture:

Model:

H.P.:

Serial Number:

Salvage:

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

Damage to Third Parties (persons or property)

Full details of damage or injury with names and addresses of all persons concerned:

Have any claims been made against you:

If so state amount:

IMPORTANT

Do not admit any liability or make any offers of settlement as doing so could invalidate your insurance cover.

Witnesses

Names and addresses to be supplied by all parties (It is important that these are obtained)

Persons on Board:

Independent witnesses:

Official evidence:

Did a Coastguard, Harbour Official or other officer witness the accident or take any particulars:

If yes please supply names and addresses:

Declaration

I hereby declare that all of the above answers and particulars are true and complete in every respect. I am aware that any breach of policy conditions or any falsehoods given above can invalidate my insurance cover.

Signed: _____

Dated: _____

Appointed Claims Agents & Consultants

Edward William SL

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