

MARINE HULL CLAIM FORM

ASSURED'S VESSEL

Full name(s) of owner(s) _____ Policy No. _____

Address(es) _____ Contact No. _____

Name of vessel _____ Type _____ Length _____ feet/metres

Fuel _____ Engine power _____ Market Value \$ _____

DETAILS OF ACCIDENT

Date _____ Time _____ am/pm Place _____

If relevant, state weather conditions _____

_____ Wind direction _____ Windspeed _____

What was the vessel being used for at the time of the accident? _____

Please explain fully below how the event giving rise to your claim occurred and state the cause. On the next page, please add a rough plan showing positions, course and speed of vessel(s) and relevant features, e.g. buoys, coast line, jetties, etc, direction of wind and tide

THIS SPACE FOR SKETCH

Nature and extent of loss or damage to your vessel _____

Where can the vessel be inspected? _____

Approximate cost of permanent repairs/replacement \$ _____ A detailed estimate from a firm of repairers should be submitted as soon as possible. **DO NOT INITIATE REPAIRS UNTIL ESTIMATE HAS BEEN APPROVED**

ADDITIONAL DETAILS IF VESSEL IS MISSING AND/OR STOLEN

In the event of theft give name, address and telephone number of Receiver of Wrecks and the Police Station to which the loss has been reported

Where is name or registered number marked on vessel? _____

Colours: Outside _____ Inside _____ Sail _____

Other distinguishing features _____

What measures have been taken to trace the vessel? _____

If lost vessel is a tender (ship's boat), what distinguishing marks does it carry? _____

NAVIGATION

Who was in charge of the vessel at the time of the incident?

Give name, address and occupation together with particulars of his/her qualifications and experience in handling the craft

What crew was on board? _____

INJURY TO THIRD PARTIES AND DAMAGE TO THIRD PARTY PROPERTY

IMPORTANT NOTES:

IF A THIRD PARTY IS CONSIDERED AT FAULT, A COPY OF YOUR LETTER HOLDING THE OWNER RESPONSIBLE SHOULD BE FORWARDED WITH THIS FORM TOGETHER WITH DETAILS OF THEIR INSURANCE IF KNOWN.

IF A CLAIM HAS BEEN RECEIVED FROM A THIRD PARTY same should be merely acknowledged, stating that the matter is being reviewed. DO NOT DISCLOSE the fact that insurance exists and DO NOT ADMIT LIABILITY or make any offer or promise of payment.

A. INJURIES TO PERSONS

NAME	NATURE OF INJURIES
ADDRESS	HAS A CLAIM BEEN MADE ON YOU?
	IF SO, PLEASE STATE AMOUNT BEING CLAIMED \$

B. DAMAGE TO OTHER VESSEL(S)/THIRD PARTY PROPERTY

OWNER'S NAME	NATURE OF DAMAGE
ADDRESS	
	HAS CLAIM BEEN MADE ON YOU?
TEL. NO.	IF SO, PLEASE STATE AMOUNT BEING CLAIMED \$

WITNESSES

WITNESSES ON BOARD YOUR VESSEL (other than crew already mentioned)

NAME

ADDRESS

INDEPENDENT WITNESS

NAME

ADDRESS

DECLARATION

I declare that the foregoing particulars are correct to the best of my knowledge and belief, and that I have withheld no material information concerning the claim.

Date _____
mm/dd/yy

Signature of Assured _____