



YACHT HULL CLAIM FORM

Policy Holder

Claim No:.....

Name/Company:.....

Address:.....

.....

Telephone:..... Fax:.....

Company Telephone No.:..... e-mail:.....

Policy No.:..... Customer No:.....

Type of Vessel:..... Name of the yacht:..... Building No:.....

Short Description Concerning the Claim Event

Collision with:..... Grounding Stranded Fire/Explosion

Lightning Mast Breakage Capsizing Sink

Transport Claim Theft Other:.....

Place of Damage:..... Latitude °.....'..... Longitude °.....'.....
(Place/Country) N/S W/E

Date of Damage:..... Time (local):.....o'clock

Weather:.....

Wind Force and Direction :..... State of the Sea:..... Visibility:.....

Skipper:..... Age:..... Operators Licenses:.....

Address:.....

Estimated Repair Costs:.....

Please include Estimate of Costs/Price List with this questionnaire

What company do you suggest should do the repairs?.....

Where can the vessel be inspected by an expert?.....

Has the vessel already been inspected? Yes, by whom?.....
 No

Did a responsible authority produce a report? Yes No

If so, please include the report:.....

Any other vessel involved in the accident:.....

Type and name of the other vessel, if possible License /
Characteristic:.....

Owner: (Name/Address/Tel.).....

Skipper: (Name/Address/Tel.).....

Witness to the Accident:
(Name/Address/Tel.).....

Damages occurred to the other vessel:.....

Is your vessel entered in a Ships Registry? Yes No

If so, local court SSR/BSR No:.....

Is your vessel free of rights to third parties? Yes No

If your answer to the above question is no, who has third party rights on the vessel?.....

Do you have the right to deduct input tax with regards to this claim event? Yes No

Bank Information (Name of Bank).....

Bank Code..... Account No.:.....

Account Proprietor:.....

Please make a description of the course of events on this page or on a separate sheet of paper. Also provide us with a **sketch and photos** of the damages occurred to the vessel. If the policy holder was not operating the vessel at the time of the accident, please have the responsible operator of the vessel at the time of the accident, make a detailed description of the course of events. Take note of item 1 concerning instructions to follow in case of an insured claim event.

PLEASE BE INFORMED THAT CONSCIOUS FALSE OR INCOMPLETE STATEMENTS AND/OR INFORMATION, COULD LEAD TO THE INSURERS BEING FREE OF THEIR OBLIGATION OF INDEMNIFICATION, THIS BEING SO IF NO DISADVANTAGES ARISE FOR THE INSURES

Place, Date

Signature Policy Holder

Skipper