



YACHT THIRD PARTY LIABILITY CLAIM FORM

For Third Party Liability Policy No.:

Claim No. Our File:

A. Policy Holder

Name:

Address:

Telephone/Mobile/Fax No.:

E-Mail Address:

Yacht (Type and Name):

Skipper at the time of the claim event:

License (Type/No.):

Place Claim Event took place:

Claim Date, Time:

What type of claim has the claimant lodged?

If available, please enclose copies of held correspondence.

- a) Are you partially or totally responsible for the claim event?
- b) In your opinion, is the claimant fully responsible or partially responsible for the damage claim?

(If necessary, please use the back of this sheet for your answers)

B. Claimant

Name:

Address:

Telephone/Mobile/Fax No.:

E-Mail Address:

Yacht (Type and Name): Building Year:

Skipper at the time of the claim event?

License (Type/No.):

Please provide us with a detailed description of the incident, please use the back of this sheet and include sketches!

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Date/Place

Policy Holders Signature