



WATER CRAFT CLAIM FORM

IMPORTANT: All Questions on this form must be answered where applicable. In the event of a Theft or Liability Claim notice must be given to the police within 24 hours. Do Not admit liability or make any offer or promise of payment. All communications from the Third party should be forwarded immediately to the Insurers for attention.

POLICY HOLDER

Policy No: Inception Date:

Full Name of Insured: ID No:

Address: Post code:

Home Tel: Work Tel: Mobile Tel:

Email Address:

VESSEL DETAIL

Make: Name: Model:

Reg No: Motor/s: Serial No/s:

Trailer: Reg No:

INCIDENT INFORMATION

When did loss/incident occur: Date: Time: Speed of Boat:

Where did loss/incident occur:

Was the vessel taking part in an official race or speed test: Y N Details:

Has the incident been reported to the Police: Y N Date: Time: Case No:

Police Station:

Details of Damage:

How many people (other than the skipper) were in the vessel at the time of the loss:

Give a detailed description of how loss/incident occurred or damage sustained or property stolen/missing (INCLUDE COLOUR PHOTO'S):

Person in control of the vessel at time of loss/incident: Age:

Tel No: Skipper Licence No: Exp. Date: (Please include copy of COC)

Have you, or the person in control of the vessel, made a claim of any nature in the last five years: Y N

Details:

Have you been refused insurance in the last 5 years: Y N Details:

Have you been convicted of any offence in the last 5 years: Y N Details:

Is the vessel Financed: Y N Details Finance House:

Is the vessel insured with any other Insurance company under the claim: Y N Details:

Where can the damaged vessel be inspected: Estimated cost of repairs (**Attach Quotes**):

Third Party Injury

If the claim is for Personal Injury to a Third Party, the following details are required:

Owner of other vessel: Tel:

Address:

Details of other vessel: Make of hull: Reg No: Make of Motor:

Name of Insurance Company:

Name and addresses of any hospitals, etc. or doctors who treated Third Parties:

Was the scene of the incident attended by Police or other persons of authority: Y N Provide names and addresses in the block below:

Motor Vehicle Accident

If the claim is for damage to property arising out of a motor vehicle accident, the following details of the vehicle towing the vessel is required

Make of vehicle: Model Year: Reg no:

Is vehicle insured, name of Insurance Company:

Policy No: Contact No:

Driver of vehicle at time of accident: Drivers licence no:

Address: Postcode:

Details of the other vehicle involved in accident:

Name of owner: Tel:

Address of owner:

Name of driver: Drivers licence no:

Make of vehicle: Model Year: Reg no:

Is vehicle insured? Name of Insurance Company: Policy No:

**WITNESS
DETAILS**

Name:

Tel:

Email:

DIAGRAM OF CIRCUMSTANCES**DOCUMENTS REQUIRED**

Please tick the appropriate boxes of documents attached to this claim form:

Quotation for repair work

Damage Report from repairer

Preferred Repairer address / contact details

Trailer Claims supply proof of latest service and registration certificate

Certificate of Competence (if applicable to claim)

Certificate of Fitness (if applicable to claim)

Colour Photograph of damages (this will speed up the claim)

Any Third Party documents (if applicable)

BANKING

Name of Bank:

Branch:

Account Number:

Type of Account

Name of Account Holder:

DECLARATION

I hereby solemnly declare that the information above and on the face hereof is a true and faithful account of the event sustained by me and that I have not concealed anything which may be relevant for your consideration of this claim.

Declared At:

Date:

Insured Signature: