



CLAIM DECLARATION

1. THE ASSURED

1. Assured Name:		2. Policy Number:	
3. Address:			
4. City:		5. Zip code:	
6. Email:		7. Vessel Name:	
8. Date of Birth:		9. Telephone:	

2. THE INCIDENT

1. Date:		2. Time:		3. Speed of Vessel:	
4. Wind Speed:		5. Wind:		6. Sea Conditions:	
7. Person In Control at time of loss?			Calm <input type="checkbox"/> Moderate <input type="checkbox"/> Agitated <input type="checkbox"/> Storm <input type="checkbox"/>		
8. How many persons were aboard at time of loss? (including the skipper)			9. For what was the vessel being used for? Private and Pleasure <input type="checkbox"/> Captain Charter <input type="checkbox"/> Bareboat Charter <input type="checkbox"/>		
Please advise full details of the Incident:					

3. CAUSE OF ACTIVITY

Cause:

- Theft Fire Collision Grounding Sinking
 Wind damage Water damage Machinery damage Storm damage
 Malicious damage Accidental loss Negligence
 Other (Please Specify)

Activity

- Moored Boatyard Navigating Road Transit Being Towed
 Anchored Laid-up ashore Laid-up afloat Demonstrations
 Water Skiing Mooring/Coming alongside Racing
 Other (Please Specify)

4. DECLARED LOSS

- Total/Constructive loss Machinery damage Trailer Outboard motor
 Mast, Spars, Rigging, Sails Salvage Hull damage Third Party Liability
 Tender/Dingy Personal effects Propeller/ Outdrive only
 Keel/Rudder Corporal damage Equipment

5. THIRD PARTY LIABILITY

1. Corporal damage:

2. Name and extent of damage to vessel/property of third party?

3. Did you recognize responsibility?

Yes

NO

Details;

4. Were you liable?

Yes

NO

Reasons;

5. Name of owner, insured and policy number of third party

6. EQUIPMENT

if your claim concerns the outboard motor, tender/dinghy, personal effects, or equipment, please advise the following;

1. Date of Purchase:		2. Price of purchase:	
3. Estimated cost of replacement or repair:			
4. Net sum declared for each item:			

5. If tender is lost or stolen, indicate all identifiable elements:	
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6. If items were lost or stolen, were the police notified? <input type="checkbox"/> Yes <input type="checkbox"/> NO			
7. Date:		8. Time:	
9. Police Station:		10. Report Number	

7. RACING

1. Did the loss or damage take place whilst racing or under starters orders? <input type="checkbox"/> Yes <input type="checkbox"/> NO	
2. If so, was it: <input type="checkbox"/> Club Race <input type="checkbox"/> Offshore or Major Regatta	
3. Name of race:	
4. Approximate distance of the race:	
5. Was a complaint filed? <input type="checkbox"/> Yes <input type="checkbox"/> NO	
6. What was the outcome? (a copy for the complaint must be supplied)	

8. THE VESSEL

1. Where may the vessel be inspected?		2. Person of contact:	
3. Have estimates of repair been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> NO			
5. If so what is the estimate of repairs?			
6. Name and address of repairer:			
7. Phone Number:		8. Email:	
A COPY OF ALL ESTIMATES TO BE SUPPLIED			

9. WITNESSES

Names and telephone number of all crew members, passengers and other persons witnessing the incident (complete on additional page if needed)

10. GENERAL

1. In respect to the risks covered by this policy, has there been any other loss, damage and liability, insured or not in the past ten (10) years?

Yes

NO

2. If yes, please give details, date and costs incurred

3. Is there another insurance policy affected by this claim?

Yes

NO

COMPLETE DETAILS OF THE INCIDENT

Please furnish a detailed report of the circumstances of the loss/incident

I/we declare that the answers and information above are, to the best of my/our knowledge and belief, true and just in every aspect. I/we have withheld no material information relative to the claim.

Full Name (Printed) _____

Company _____ Position _____

Signed _____ Date _____