

CUSTOMER DETAILS

Surname:	
Name:	
Postal Address:	
NIC number:	Passport Number (if applicable):
Telephone No.:	Mobile No.:
Email:	
Policy Number:	
Broker (if applicable):	Beneficiary / Mortgagee (if applicable):

DETAILS OF OCCURENCE

Date of Incident:	Time of Incident:		
Where did the Incident occur:			
The Vessel was: (please select)			
Cruising / Sailing	Chartered	Participating in a race	Moored / Anchored
Please state cause and describe the facts surrounding the incident (use a separate sheet if necessary):			
To whom was the incident reported to? (provide copy of report):		Date and Time the Incident was reported:	
Weather Conditions when the Incident occurred: (please select)			
VISIBILITY	Good	Fair	Very Poor
WATER	Calm	Moderate	Rough
WIND	Under 20 Knots	20-40 Knots	over 40 Knots
Is the Incident insured by another insurance policy?	Yes	No	
If yes, please supply name of company and policy number:			
Please provide name and contact information of any eyewitnesses:			

THIRD PARTY DETAILS

Name:		Gender:	
Date of Birth:		Occupation / Employer:	
Address:			
Telephone No.:		Mobile No.:	

ENCLOSED DOCUMENTS

Police / Coast Guard Report	Quotations for repair / replacement	Letters from Third Party	Others
Fire Department Report	Invoices/Purchase Receipts	Photographs of Damage	

DECLARATION

By signing below I/we hereby certify that the above information is true and correct to the best of my knowledge and belief. I/We have not withheld any material information which will directly or indirectly affect this claim.

.....
NAME AND SIGNATURE

DATE: