

YACHT AND PLEASURE CRAFT CLAIM FORM



PLEASE COMPLETE ALL QUESTIONS FULLY TO AVOID DELAY IN HANDLING YOUR CLAIM

Please submit claim form and estimate before authorising repairs.

PLEASE COMPLETE IN BLOCK CAPITALS

E-mail: icci.claims@insurancecorporation.com

P.O. Box 160
St. Peter Port,
Guernsey, GY1 4EY
Channel Islands

Telephone: 01481 713322
Facsimile: 01481 714426

www.insurancecorporation.com

P.O. Box 742
St. Helier,
Jersey, JE4 8ZZ
Channel Islands

Telephone: 01534 700200
Facsimile: 01534 768447

Policy No.

Broker/Agent

Name Mr, Mrs, Ms, Miss

Address
 Postcode

Telephone No. (Home) Telephone No. (Work)

Occupation

Name of Vessel

Vessel details

Type/Class Date of last survey / /20

Commission period Where moored

Is vessel professionally maintained? Yes No If 'YES', by whom

Person in control/use

Name Age yrs

Address
 Postcode

Experience

Was the vessel being used with policyholder permission? Yes No

Was the vessel attended at the time of incident? Yes No

If 'NO', how long had the vessel been unattended?

For what purpose was the vessel being used?

Was the vessel racing? Yes No

Have you been involved in an accident before/made a claim under any marine insurance? Yes No

If 'Yes', give details

Damage to vessel

Please give full details of damage

Is the vessel still in use?

Yes

No

Is an estimate attached?

Yes

No

Where may our engineer inspect the vessel?

Details of accident

Place Date / /20 Time am/pm

Weather conditions

Was the incident reported to any authority?

Yes

No

If 'Yes', Please give full details of how incident occurred (with sketch if appropriate)

Who do you consider at fault? Self Other Both

Particulars of other parties involved or property damaged

Name and Address	Vessel Name/Type	Insurers	Damage

Details of persons injured

Name and Addresses	Injury

WITNESSES - Please provide details of persons on board and any independent witnesses.

SALVAGE -

Please give full details of any salvage services rendered, including names of those who performed them and under what circumstances.

All communications relating to the accident must be forwarded immediately unanswered to Insurance Corporation.

I/We declare that the information given in this form is true and correct to the best of my/our knowledge/belief.

Signature of Insured

Date / /