

1. INSURED

a Name of Insured: _____ Policy Number: _____

b Address: _____

VAT Registered: YES NO VAT Registration Number: _____

c Name of Vessel: _____

d Telephone Numbers:	Home: _____	Work: _____
	Fax: _____	Mobile: _____

2. INCIDENT

a Date: _____ Time: _____

b Location: _____

c Wind Speed: _____ Wind Direction: _____

d Sea Condition: Calm Moderate Rough Storm

e Speed of vessel through water: _____

f Person in control of vessel at time of loss/incident: _____

g Number of years' experience: _____ Qualifications: _____

h Number of people on board (including skipper) at time of incident: _____

i For what purpose was the vessel being used: Private & Pleasure Skipper Charter Bareboat Charter Other (detail below)

3. CAUSE AND ACTIVITY

Cause: Rough Fire Collision
 Grounding Latent Defect Storm Damage
 Wind Damage Water Damage Accidental Loss
 Negligence Malicious Damage Other (specify below)

Activity: Moored Repair Yard Underway
 Road Transit On Tow Racing/Under Racing Conditions
 Anchored Laid up Ashore Laid up Afloat
 Demonstration Water Skiing Berth/Docking
 Other (specify below)

4. CLAIMED LOSS

<input type="checkbox"/> Total/Constructive Loss	<input type="checkbox"/> Machinery Damage	<input type="checkbox"/> Mast, Spars, Rigging, Sails
<input type="checkbox"/> Trailer	<input type="checkbox"/> Outboard Motor**	<input type="checkbox"/> Third Party Liability****
<input type="checkbox"/> Salvage	<input type="checkbox"/> Hull Damage	<input type="checkbox"/> Propeller/Shaft Only
<input type="checkbox"/> Tender/Dinghy*	<input type="checkbox"/> Personal Effects**	<input type="checkbox"/> Equipment**
<input type="checkbox"/> Keel/Rudder	<input type="checkbox"/> Personal Accident***	

*was tender marked with name of Parent vessel YES NO **complete section 5 ***Complete sections 13/14 ****Complete sections 15/16

5. EQUIPMENT etc.

If your claim is in respect of outboard motor, tender/dinghy, personal effects, mast, spars, rigging or equipment, please attach a list to this form providing the following details:
a. Date of purchase **b.** Purchase price **c.** Estimated cost of replacement or repair **d.** Allowance for wear & tear **e.** Net amount to be claimed

6. PERSONS NOTIFIED

Did the Coastguard, Harbour Official, Receiver of Wrecks, Police and/or any other Official witness the incident? YES NO

Details: _____ Contact Name: _____

Reference Number: _____ Telephone Number: _____

POLICE: If the property was lost or stolen, has it been reported to the police? YES NO

If yes, date: _____ Time: _____ Police Station: _____

Police Station Address: _____

Crime Reference Number: _____

7. RACING

a Did the loss/damage occur whilst vessel under racing conditions? YES NO

If yes, was it: Club Offshore b Name of Race: _____

c Approximate length of Race: _____ d Was there a protest? YES NO

If yes, what was the outcome of the protest? _____

e What is the full replacement value of mast, spars, sails and rigging? _____

