

Commercial Hull Claim Form

Compliance with the data protection act

The Company will, in order to carry out its legitimate interests, exercise its right to hold and process certain types of data for particular purposes as allowed by law but due to the sensitive nature of some of the information which we may require, we shall need your consent to process some of the below mentioned information. Please only sign this form if you wish to give such consent.

The Company cannot process your application if you do not sign this form.

We shall keep your contact details on our database for use, from time to time, to distribute information about our products and developments within the Company and the insurance sector in general.

We may also disclose your name and address to other parties who may be interested in getting in touch with you for similar purposes. Please tick this box if you consent to having your details passed onto selected third parties.



Policy number	Name of vessel
Section A – About the assured	
Assured's full name	
Address	
Telephone number – daytime	
Telephone number – home/evening	
Fax number	
e-mail address	
Are you registered for VAT	Yes No No
Section B – About the skipper	
Who was in charge at the time of the inc	cident?
Name	
Address	
Telephone number – daytime	
Telephone number – home	
Fax number	
e-mail address	
Number of years experience	
Qualifications	



Section C - About the Incident

Details of the incident

Date					
Time					
Location					
Speed through water					
Sea conditions	Calm 🗌	Moderate □	Rough [Stor	my 🗌
Wind speed					
Visibility					
If dark what navigation lights were displayed					
How many people, including were on the vessel at the incident/loss?					
Was the vessel:	In commiss	sion			
	Laid up aflo	oat			
	Laid up asl	nore on permar	ent moorings		
	Laid up asl	nore on tempor	ary moorings		
If in commission for what purpose was the vessel being used?	Private use	Char	ter 🗌	Commerc	ial 🗌
Details of loss/theft					
If the vessel or part of the	vessel has been	lost or stolen, p	olease answer th	e following que	stions.
Date of loss					
Time of loss					
Place of discovery of loss					
Describe circumstances o	f loss or discover	y of loss, and p	provide a list of m	nissing equipme	nt.



Section D - Full details of the incident

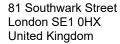
Please provide a detailed statement setting out the circumstances of the loss/incident		
If necessary provide a diagram to aid your explanation		
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Section E - Third party liability

Was anyone injured?	Yes 🗌	No 🗌
If "yes" please give details		
Was the injured person(s) on board another vessel?	Yes	No 🗆
Was the injured person(s) on board your own vessel?	Yes 🗌	No 🗆
If "yes" please state in what capacity		
Please give brief details of each injured person		
Was medical attention required?	Yes 🗌	No 🗌
Was another vessel involved?	Yes 🗌	No 🗌
If "yes" please answer the following	g questions	
Details of owner		
Name		
Address		
Name of vessel		
Insurers		
Policy number		
Position or course of other vessel		
Approximate speed		
Brief details of apparent damage		





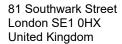
Was any other property damaged?	Yes 🗌	No 🗆
If "yes" please answer the foll	owing ques	tions
Details of owner(s)		
Name		
Address		
Brief details of apparent dama sustained	age	
Were you at fault?	Yes 🗌	No 🗆
Reasons		
Did you accept liability?	Yes 🗌	No 🗆
If "yes" please give details		
Has a claim been made against you?	Yes 🗌	No 🗆
(Any correspondence exch	nanged in t	his connection should be attached to this form)

Section F – Equipment

If your claim is in respect of outboard motor, tender/dinghy, personal effects or equipment please attach a list to this claim form giving the following details:

- a. Date of purchase
- b. Purchase price

- c. Estimated cost of replacement or repairs
 d. Net amount claimed for each item
 e. If tender lost or stolen state all identifying markings





Section G - witnesses/persons notified

Witnesses			
Crew/passengers			
Name	Telephone number	Vessel	
Independent witnesses			
Name	Telephone number		
Did the coastguard, Harbour Official, Receiver Yes \Boxedom No \Boxedom No \Boxedom No \Boxedom No \Boxedom No \Boxedom Street No \Boxedom No \Boxedo			
Details			
Contact name			
Reference number			
Telephone number			
Police			
If the property was lost/stolen, has i reported to the police?	it been Yes 🗌	No 🗆	
If "yes" please answer the following	questions		
Date			
Time			
Which police station has been notifi	ied		
Police crime reference number			

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Section H - Insured vessel

Where can the vessel be inspected?					
Contact person					
Telephone number					
Fax number					
e-mail address					
Have estimates for cost of repairs been obtained?	Yes	No 🗆			
If "yes" please provide a copy of the estimate					
ls there any other insurance on the property under this claim?	Yes 🗌	No 🗌			
If "yes" please give details					
I/we hereby declare that the above answers and particulars are, to the best of my/our knowledge and belief, true and correct in every respect. I/we have not withheld any material information relative to this claim.					
Signed	Da	ate			