

MARINE CLAIM FORM

**CLAIMANT DETAILS**

Policy No	
Full Name	
Business or Occupation	
Address	
Telephone	
Mobile	
Email	
Are you registered for VAT	YES / NO
If so please advise the VAT registration no	

VESSEL DETAILS

Name of Vessel	
Age of Vessel	
Full Value	
Type of Vessel (Make, Model etc)	
Crew Carried?	
For what purpose was the vessel used at the time of the accident?	

ACCIDENT DETAILS [Note theft is a separate section below]

Date and time of accident:	
Who was in charge of your vessel at the moment the accident occurred?	
Cause:	
Place of Occurrence:	
Was the vessel racing at the time?	
Please state Weather conditions / wind direction / Beaufort Scale Force	
<i>Explain fully how events giving rise to your claim occurred. Include details such as speed, depth of water etc (if necessary please use a separate sheet and provide a sketch if appropriate). If your vessel was moored at the time please include when there was someone aboard the boat last and the circumstances of the discovery of the loss.</i>	
Passengers in Vessels (include all names and addresses (use separate sheet if necessary))	
Independent Witnesses (include all names and addresses (use separate sheet if necessary))	

DAMAGE SUSTAINED BY YOUR CRAFT

Was an Engine cut-out device in operation at the times of the accident?	YES / NO
If 'NO' please provide details as to why not	
What was done to minimise the loss or Damage	
Where can the craft be inspected?	
Please provide the Name, Address and Telephone no. of your chosen repair yard.	

Please supply a written quotation for the repairs of your vessel from a competent professional repairer asap.

DAMAGE TO THIRD PARTY VESSELS

Give full details of damage or injury including Names and Addresses of all persons concerned	
Amount of claim on you?	

Note: If you have received notification of a claim from a third party in respect of loss or damage, please forward full details to us immediate. You should not enter into any correspondence with any third party. You should not disclose that you have insurance cover, admit liability, or make any promise of payment.

DETAILS OF THEFT

Date and time of occurrence				
Place of occurrence				
When was craft last seen?				
How was the theft discovered?				
Please give name and address of person who discovered the theft?				
How was entry made into the storage area?				
Describe the security precautions or anti-theft device(s) were fitted to the craft and trailer:				
Address and tel number of Garda Station to which the loss has been reported along with Crime Ref. number.				
Item stolen	Manufacturer	Age of Item	Replacement cost	Amount claimed

I/We declare that the above answers and particulars are true and complete in every respect and that there is no other insurance in force covering my/our liability.

I/We agree for the claim to be dealt with under Yachtsman euromarine's delegated claims authority if appropriate.

IMPORTANT: No payment, settlement or admission of liability must be made without the consent of the company. Every notice written or verbal or any claim or legal proceedings must be forwarded to the company immediately. Do not acknowledge it yourself.

Signature of Insured:Date.....

Signature of Person in charge of vessel.....Date.....