

# Yacht Hull Policy Claim Form /0517

## Personal Details

Policyholder:	
Address:	
Daytime Telephone:	Mobile:
Email:	Customer No:
Policy No:	

If you are a member of the Cruising Association please provide us with a copy of your current membership card (as this may reduce any applicable deductible).

Does any person/company other than yourself have any financial interest in the vessel:  Yes  No

If yes, please provide details:

Are any of the items for which you are claiming covered under any other insurance:  Yes  No

If yes, please provide details:

Are you entitled to recover VAT for costs relating to this vessel:  Yes  No

## Vessel Details

Type of vessel:
Vessel name:

Use of the vessel at time of loss/damage:  Private Use  Skipper Charter  Bareboat Charter

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## Accident Details

What best describes the incident you are claiming for:

- Grounding     
  Stranding     
  Fire/Explosion     
  Lightning     
  Broken mast  
 Heavy weather/Storm damage     
  Sinking     
  Damage in transit     
  Theft     
  Collision

Other:

Location of vessel at time of loss/damage:

If vessel is a wreck please give as accurate a position as possible

Can vessel, in your opinion, be salvaged  Yes  No

Date of loss/damage:	Time of loss/damage (local):
Weather:	Wind speed & direction:
Swell:	Visibility:
Skipper at time of loss/damage:	No of crew members on board at time of loss/damage:

Did Police or responsible authority produce a report:  Yes  No

If Yes, please attach a copy of their report with your claim. Please note that all cases of theft, explosion, fire, vandalism and total loss MUST be reported to the local Police.

Please provide us with a detailed and exact description of the incident. You may use the space provided or a separate sheet. Sketches and photographs should be provided where applicable.

[Large empty text box for incident description]

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## Damage to your vessel

Details of damage:

Estimated repair costs:

Where can the vessel/equipment be inspected:

## Theft (if applicable)

Where was the vessel/tender at the time of the theft?

Is there any CCTV in operation at the site of the theft:  Yes  No

If yes, please provide us with details of where this can be obtained:

How often was the vessel checked?

When was the vessel last checked?

Who checked it?

Who noticed the theft?

When was it noticed?

Police Crime Report Number:

(Please provide a copy of the Police Report including a list of items reported to them as stolen)

Station Incident reported to:

## List of goods stolen.

Where available, please attach evidence of proof of purchase.

Description	Make & Type	Year of Manufacture	Purchase price	Current price

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What other damages were incurred as a direct result of this incident:

## Please complete if another vessel was involved in the accident

Name of vessel:

Type of vessel:

Registration of vessel, if known:

Owner (name/address/phone/email):

Skipper, if different from owner (name/address/phone/email):

Witnesses to the accident (name/address/phone/email):

Damage caused to the other vessel:

Insurance company of third party vessel:

I hereby certify that the information given in this form is truthful, accurate and complete.

Dated:

Please be aware that a fraudulent or exaggerated claim may result in a complete loss of any entitlement under the policy.



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