

## Crew Accident Insurance Claim Form

<b>Crew Accident Insurance Claim Form</b>	
<b>Policyholder</b>	
Name/Company Name :	
Address :	
Daytime Phone :	
Mobile Phone :	
Home Phone:	
Email Address:	
Customer Number:	
<b>Vessel</b>	
Type of Vessel:	
Vessel Name:	
<b>Injured Person</b>	
Name of Injured Person:	
Date of Birth of Injured Person	
Nationality of Injured Person	
<b>Nature of Accident</b>	
Date of Accident:	
Location of Accident:	
Description of circumstances leading up to the accident. Please use separate sheet if necessary:	

Details of where the injured person is being treated if hospitalised:	
Details of any formal investigation conducted by local authorities. Please specify who has conducted an investigation (Police/Health and Safety/MAIL etc.) and provide their contact details:	
<b>Supporting Documents</b>	
Please list any supporting documents	
Signed:	Date