

## Personal Accident Insurance Claim Form

<b>Policy Holder</b>	
Name/Company Name:	
Address:	
Daytime Phone:	
Mobile Phone:	
Home Phone:	
E-mail 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/Heath and Safety/MAIB etc) and provide their contact details:	
<b>Supporting Documents</b>	
Please list any supporting documents:	
Date:	Signed: