

HULL CLAIM FORM

Insured

Name:

Address:

Telephone (a) Business: Private: Fax:

Policy Details

Policy No: Sum Insured: Renewal Date:

Name of Vessel: Registration No:

Agency: Account No:

Helmsman/Driver (Person In Charge at time of accident)

Name:

Address: Province:

Telephone: (a) Business: Private: Mobile:

Relationship to Insured (if applicable): Age:

Boating License No: How long since license held:

Has License ever being endorsed or suspended, or the Helmsman/Driver convicted of any Maritime offence? (Give Details):
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Accident Details

Date: Time: Location:

Weather Conditions:

For what purpose was vessel being used at time of accident? (Circle where applicable)

Hire	Business	Pleasure	Racing	Road Transit
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Waterborne accidents:
 (a) Speed of vessel at time of accident (power vessel only):

(b) Were skiers being towed and if so, how many?

Explain fully how accident occurred (sketch may be attached)

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Accident Details

Estimated cost of repairs (enclose quotes if already obtained) K.....

Where can vessel be inspected (damage only):

Contact Person: Telephone No:

Were any persons responsible for the accident?

If so: (a) Why?

(b) Have any claims been made on you?

If not: (a) Who was to blame?

(b) Did such person admit any liability?

Note: No liability of any sort shall be admitted nor any offer promise or payment made by the insured to claimants nor legal expenses incurred without the written consent of the Company who shall be entitled if it so desires to take over and conduct in the name of the insured the defense of any action, or to prosecute any claim for indemnity or damages or otherwise against any third party. The insured also undertakes to send to the Company as soon as possible, all claims, letters, summonses or writs relating to any accident addressed to the insured or to the insureds servants by the authorities or third parties.

PARTICULARS RELATING TO THIRD PARTY CLAIMS (Persons and property)

If any other vessel involved state:

(a) Name of vessel: Registration No:

(b) Owner(s) name and address:

(c) Helmsman/Driver's name and address: Age:

(d) Nature of damage to other craft:

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Estimated cost of repairs:

If damage to property other than above state:

(a) Owner(s) name and address:

(b) Description of property damages:

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Estimated cost of repairs:

If injuries to person(s) state;

(a) Whether passenger in either vessel, swimmer, skier, etc:

(b) Name and address; Age:

(c) Nature of injuries:

(d) Name of Hospital and/or Doctor:

(e) Remarks as to condition:

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NAME AND ADDRESSES OF ANY WITNESSES

Passengers in Insureds vessel:

 Were passengers fare paying?

Independent Witnesses:

POLICE REPORT

Was the accident reported to the Police?

Did you sign a statement for the Police?

State Constables name: Rank/No: Station:

Has any Police action been taken or threatened? Against whom?

If so, what action?

I/We declare that information provided in this claim are true in every respect.

Company Common Seal

Insured Name:

Signature:

