



Porthcawl Insurance Consultants Limited

Specialist Marine Insurance Services

Telephone: (01656) 784866 Facsimile: (01656) 784872 E-Mail: reception@porthcawl-insurance.co.uk

MARINE CLAIM FORM

Policy No.	
GENERAL INFORMATION	
Full Name:	
Business or Occupation:	
Address:	
Telephone: (Day)	Telephone (Evening)
Telephone: (Mobile)	Fax No:
VAT Registration No.	
NAVIGATION/HELMSMAN	
Who was in charge of your vessel at the moment the accident occurred?	

VESSEL DETAILS		
Name of Vessel:	Age of Vessel:	Full Value:
Type of Vessel:	Crew Carried?	
For what purpose was the vessel used t the time of the accident?		

DETAILS OF ACCIDENT	
Date and time of accident:	
Cause:	
Place of Occurrence:	
Was the vessel racing at the time?	
Please state Weather Conditions/Wind direction Beaufort Scale Force	
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).	

WITNESSES:
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))

Claim Line – Tel: 01656 784866 Fax: 01656 784872
Emergency Out of hours Claim Line: (07976) 767630

Porthcawl Insurance Consultants Ltd,
43 Mary Street, Porthcawl, Mid Glamorgan, CF36 3YN

Web site: www.porthcawl-insurance.co.uk E-Mail: reception@porthcawl-insurance.co.uk

DESCRIPTION OF DAMAGE					
DAMAGE SUSTAINED BY YOUR CRAFT					
Passengers in Vessels (Include all names and addresses – Use separate sheet if necessary)					
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					
REPAIRS TO YOUR CRAFT					
Approximate cost of repairs or replacement: £					
(an estimate from a firm of repairers should be submitted as soon as possible)					
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 nearest repair yard					
THIRD PARTIES					
Give full details of damage or injury including Names and Addresses of all persons concerned:					
Amount of Claim on you		£	By Whom?		
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?					
Please give Name and Address of person who discovered the theft					
What security precautions or anti-theft device(s) were fitted:					
To the craft?					
To the trailer?					
How was entry made into the storage area?					
Address and Telephone No. of Police Station to which the loss has been reported together with Crime Ref. No.					
ITEMS DAMAGED STOLEN					
Description of Article(s)	Manufacturer	Date of Purchase/Age	Cost of Replacement	Cost of Repair	Amount Claimed
DECLARATION					
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					
Signature of Insured:				Date:	
Signature of Person in Charge of Vessel				Date:	
<i>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.</i>					

PLEASE RETURN ORIGINAL SIGNED FORM TO COMPANY ADDRESS OVERLEAF