



81 Southwark Street
London SE1 0HX
United Kingdom

Commercial Hull Claim Form

Compliance with the data protection act

The Company will, in order to carry out its legitimate interests, exercise its right to hold and process certain types of data for particular purposes as allowed by law but due to the sensitive nature of some of the information which we may require, we shall need your consent to process some of the below mentioned information. Please only sign this form if you wish to give such consent.

The Company cannot process your application if you do not sign this form.

We shall keep your contact details on our database for use, from time to time, to distribute information about our products and developments within the Company and the insurance sector in general.

We may also disclose your name and address to other parties who may be interested in getting in touch with you for similar purposes. Please tick this box if you consent to having your details passed onto selected third parties.



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Policy number

Name of vessel

Section A – About the assured

Assured's full name

Address

Telephone number – daytime

Telephone number – home/evening

Fax number

e-mail address

Are you registered for VAT

Yes No

Section B – About the skipper

Who was in charge at the time of the incident?

Name

Address

Telephone number – daytime

Telephone number – home

Fax number

e-mail address

Number of years experience

Qualifications



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Section C – About the Incident

Details of the incident

Date

Time

Location

Speed through water

Sea conditions Calm Moderate Rough Stormy

Wind speed

Visibility

If dark what navigation lights were displayed

How many people, including the skipper, were on the vessel at the time of the incident/loss?

Was the vessel: In commission

 Laid up afloat

 Laid up ashore on permanent moorings

 Laid up ashore on temporary moorings

If in commission for what purpose was the vessel being used? Private use Charter Commercial

Details of loss/theft

If the vessel or part of the vessel has been lost or stolen, please answer the following questions.

Date of loss

Time of loss

Place of discovery of loss

Describe circumstances of loss or discovery of loss, and provide a list of missing equipment.



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Section D – Full details of the incident

Please provide a detailed statement setting out the circumstances of the loss/incident

If necessary provide a diagram to aid your explanation



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Section E – Third party liability

Was anyone injured? Yes No

If “yes” please give details

Was the injured person(s) on board another vessel? Yes No

Was the injured person(s) on board your own vessel? Yes No

If “yes” please state in what capacity

Please give brief details of each injured person

Was medical attention required? Yes No

Was another vessel involved? Yes No

If “yes” please answer the following questions

Details of owner

Name

Address

Name of vessel

Insurers

Policy number

Position or course of other vessel

Approximate speed

Brief details of apparent damage



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Was any other property damaged? Yes No

If "yes" please answer the following questions

Details of owner(s)

Name

Address

Brief details of apparent damage sustained

Were you at fault? Yes No

Reasons

Did you accept liability? Yes No

If "yes" please give details

Has a claim been made against you? Yes No

(Any correspondence exchanged in this connection should be attached to this form)

Section F – Equipment

If your claim is in respect of outboard motor, tender/dinghy, personal effects or equipment please attach a list to this claim form giving the following details:

- a. Date of purchase
- b. Purchase price
- c. Estimated cost of replacement or repairs
- d. Net amount claimed for each item
- e. If tender lost or stolen state all identifying markings



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Section G – witnesses/persons notified

Witnesses

Crew/passengers

Name Telephone number Vessel

Independent witnesses

Name Telephone number

Did the coastguard, Harbour Official, Receiver of Wrecks, Police and/or any other official, witness the incident or take particulars? Yes No

Details

Contact name
Reference number
Telephone number

Police

If the property was lost/stolen, has it been reported to the police? Yes No

If "yes" please answer the following questions

Date
Time
Which police station has been notified
Police crime reference number



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Section H – Insured vessel

Where can the vessel be inspected?

Contact person

Telephone number

Fax number

e-mail address

Have estimates for cost of repairs been obtained?

Yes

No

If “yes” please provide a copy of the estimate

Is there any other insurance on the property under this claim?

Yes

No

If “yes” please give details

I/we hereby declare that the above answers and particulars are, to the best of my/our knowledge and belief, true and correct in every respect. I/we have not withheld any material information relative to this claim.

Signed

Date