

# THEFT CLAIM FORM

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**Claim No.**

**Policy No.**

Full Name of Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Day Phone No: \_\_\_\_\_  
 Home Phone No: \_\_\_\_\_  
 Mobile Phone No: \_\_\_\_\_  
 Fax No: \_\_\_\_\_  
 Email: \_\_\_\_\_

Are you the owner of the insured vessel? YES/NO If NO please advise who is: \_\_\_\_\_

Are you registered for VAT? YES/NO If YES status and VAT No: \_\_\_\_\_

Type/Class of Vessel: \_\_\_\_\_

Name of Vessel: \_\_\_\_\_

Total Value £ \_\_\_\_\_

Location/full address from which theft/loss occurred: \_\_\_\_\_

Whether ashore or afloat? \_\_\_\_\_

Start date and time when theft was:

Committed: \_\_\_\_\_ (a)

Discovered: \_\_\_\_\_ (b)

By whom was it discovered?  
*(Full name and address)*

By whom was such discovery witnessed?  
*(Full name and address)*

When were craft or stolen items last seen or attended?

Where were items stored?

How was entry gained to vessel or premises?

What locks or security precautions were used?

If stolen items were not on vessel or secure premises, describe exactly where and why they were so located?

Was vessel or stolen items in anyone's custody or control?  
 If so give details:

Are the items claimed for insured elsewhere? If so please give name and address of insurance company and policy number:

Do you suspect any person(s)? Is so whom and why?	
State address and police station where loss/theft was reported stating date and crime sheet number.	
What steps have been taken to recover property (i.e. notice in yacht club/marina, offer of reward, notice in local newspaper etc.)?	
What steps have you, or are you taking to prevent a recurrence?	
If there is no evidence of theft, or forcible entry has a thorough search been made for the missing property?	
Are you registered for VAT? If yes please state VAT registration number.	

Full description of articles stolen	When and where bought or if a present name and address of donor	Price paid	Sum claimed

Estimate for any repair work, and damage repairs. *(Continue on separate sheet if necessary)*



## STATEMENT

Please give below a full and concise report of this incident.



## OUTBOARD MOTOR

Make/Horsepower: \_\_\_\_\_ Sum claimed £ \_\_\_\_\_

Serial number of outboard: \_\_\_\_\_ Model number: \_\_\_\_\_ Year: \_\_\_\_\_

Advise make of lock by brand name and type: \_\_\_\_\_

## TENDER DINGHY

Make: \_\_\_\_\_ Description: \_\_\_\_\_ Sum claimed £ \_\_\_\_\_

How was she marked with name of parent vessel? \_\_\_\_\_

## DECLARATION

I/We declare that the whole of the statements made in this Claim Form and any supplementary statements forming part of this claim are true in every respect and I/we agree that if any false or untrue statement or any suppression or concealment of material fact has been made, the right to recover under this Policy shall be absolutely forfeited.

I/We further declare that no other person has an interest in the property for which this claim is made, whether as owner, mortgagee, trustee or otherwise, and that the said property is not otherwise insured against burglary with this or any other office.

Claimant's Signature: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date: \_\_\_\_\_

NB: (1) The amount to be claimed on any article is limited to the actual intrinsic value at the time of theft.

(2) Receipts obtained at the time of purchase of articles should be attached wherever possible.

(3) Please note claims at MS Amlin are handled on behalf of the insurer.

## DATA PROTECTION NOTICE

To consider your request for insurance cover or administer subsequent dealings in respect of your insurance we must process your personal data and where appropriate your 'sensitive' personal data and in doing this we will comply with the provisions of the Data Protection Act 1998.

Unless required by Law or as necessary to effect or administer your insurance none of your personal data (even if not 'sensitive') will be disclosed without your consent to any person or organisation, or used for any purpose.

The Data Controller is MS Amlin Underwriting Services Limited.