

Claim No. \_\_\_\_\_

Policy No. \_\_\_\_\_

## Accident Report form

### Section 1: Insured/Owner

Full Name of Insured:	_____	Day Phone No:	_____
Address:	_____	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:	_____

### Section 2: Vessel Details

Name of Vessel:	_____	Class of Vessel:	_____
Hull or Vessel Identification No:	_____	Small Ships Registry No:	_____

### Section 3: Skipper/Crew

Who was in charge of the vessel at the time of the incident?

Full Name:	_____	Day Phone No:	_____
Address:	_____	Home Phone No:	_____
_____	_____	Mobile Phone No:	_____
_____	_____	Fax No.:	_____
Number of years boating experience?:	_____	Email:	_____

Boating qualifications if any:

Please state the number of people on board with their name and status e.g. navigator, helmsman, crew:

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## Section 4: Details of incident

Date of incident:	Time:	Precise Location:
Speed of vessel:	Depth of water:	Ebb/Flood Tide:
Direction and speed of current:		
Direction and speed of wind:		
Please state the purpose for which the vessel was being used at the time of the incident:		
Was the vessel racing or under preparatory signal at the time of the incident? YES/NO		
If racing was a protest made? YES/NO      If YES who made it and what was the outcome?:		
In your opinion, was the casualty due to a fault in design/fault in manufacture/fault in materials/inadequate strength? YES/NO		
If YES please give details of the supplier/builder/manufacturer:		
Have you taken the matter up with them? YES/NO      If YES what response have you had?:		
Who in your opinion was responsible for the incident and why? Please give details as to what rules you consider to be relevant and why:		

## Section 5: Mooring failure

If the mooring to which your vessel was attached dragged or broke, please give details of it's type and specification, confirming which part failed and why?:

Who is responsible for the laying and maintaining of the mooring?:

When was this laid and by whom?:

When was it last inspected and by whom? (If you have a mooring contract or invoices for the maintenance please supply copies.):

## Section 6: Mast/Spars/Sails/Rigging

If loss or damage has been sustained to your mast/spars/sails/rigging please confirm:

Make/section of the mast/spars and their age:

Make/material of the sails, their age and when they were last valeted:

The age of the rigging and when this was last inspected and by whom:

The cause of the failure/damage:

Where can the damaged parts be inspected?:

## Section 7: Machinery

If your outboard/inboard or outdrive is involved please confirm the following:

Make:	Model:	HP:
Serial No:	Year of Manufacture:	Current Market Value:



## Section 10: Statement

Please give a full and concise report of the incident, together with a sketch if appropriate:

## Section 11: Third parties

If a Third Party is involved, please give details below, names, addresses, name(s) of vessel and damage sustained to their vessel:

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Has any claim been made against you? YES/NO\*

If YES please pass onto us any correspondence you have received. Do not admit liability or make any offer or promise, merely acknowledge any correspondence indicating that the matter is receiving attention.

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## Section 12: Salvage

If any salvage services have been rendered, please give full details, including names and addresses of those who claim to have rendered such service and under what circumstances:

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## Section 13: Witnesses

If any salvage services have been rendered, please give full details, including names and addresses of those who claim to have rendered such service and under what circumstances:

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## Section 14: Other insurance

Do you have any other insurance policy i.e. Personal Liability cover, under your Household policy, which may cover you in respect of this incident? YES/NO\*

If YES please notify them and give details:

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## Section 15: Declaration

I/We hereby declare that the particulars on this form are true. I/We acknowledge that any misleading, false or untrue statement, will mean that my/our claim will not be paid.

Signed:

Dated:

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Signed:

Dated:

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**This form must be completed by the Insured(s)/Owner(s) of the Insured vessel**

**NB: Please note that Haven Knox-Johnston are able to settle claims on behalf of MS Amlin, under a delegated authority agreement.**

**Any claim outside of our authority has to be agreed by your Insurer.**

### Data Protection

Your information has been, or will be, collected or received by Haven Knox-Johnston. We manage personal data in accordance with the data protection law and data protection principles. We need personal data so that we can provide you with boat insurance that's shipshaped around you, and other services, and we'll collect the personal data necessary to do this. This may be personal information like your name, address, contact details, identification details, financial information and risk details. You can find the full Data Privacy Notice at <https://www.astonlark.com/privacy-notice/> or you can get a paper copy of the Data Privacy Notice by contacting us on 01732 223 600 or by writing to us at Malling House, Town Hill, West Malling, Kent, ME19 6QL. Our data protection compliance officer can be contacted at; Aston Lark Limited, Ibex House, 42-47 Minorities, London, EC3N 1DY, or by email at [compliance@astonlark.com](mailto:compliance@astonlark.com)

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