



Marine Insurance Specialists

**Velos. Detailing your every need.**

## CLAIM FORM

PLEASE REPLY TO ALL QUESTIONS & COMPLETE THE DECLARATION ON PAGE 5

### INSURED

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel No. (Daytime) \_\_\_\_\_ Tel No. (Evening) \_\_\_\_\_

Is the Insured registered for V.A.T YES  NO

### VESSEL

Name \_\_\_\_\_ Type \_\_\_\_\_

Present Location \_\_\_\_\_ Harbour \_\_\_\_\_

(for possible survey): Marina/Berth: \_\_\_\_\_

Is the Vessel Subject to a Mortgage YES  NO

### POLICY

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

Period of Insurance: From \_\_\_\_\_ To: \_\_\_\_\_ Sum Insured \_\_\_\_\_

### CASUALTY

Date \_\_\_\_\_ Location \_\_\_\_\_

### PERSON IN COMMAND OF THE VESSEL

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel No. (Daytime) \_\_\_\_\_ Tel No. (Evening) \_\_\_\_\_

Velos Insurance Services Ltd 52-54 Gracechurch Street London EC3V 0EH

Tel: 020 7929 4058 Fax: 020 7933 9350 insurance@velosgroup.co.uk www.velosinsurance.co.uk

Registered Office as above. Registered in England No 3484670. Authorised and Regulated by the Financial Conduct Authority and a member of BIBA



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**OTHER PERSONS ON BOARD THE VESSEL**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**DETAILS OF CASUALTY**

1. Please provide a full and concise report of how the casualty occurred, this must state CAUSE.
2. In case of theft, please describe the anti-theft devices and the security arrangements in force and define the means of entry.
3. In the case of Personal Accident/Injury please provide a separate report by the person in command of the vessel and/or one other witness to the casualty.
4. Please provide a sketch or plan of the casualty showing positions of vessels and relevant features e.g. buoys, coastline, jetties, etc., directions and speed of wind, tide and vessels(s) involved.

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Precise Location: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_ Sea State: \_\_\_\_\_

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**USE OF VESSEL AT TIME OF CASUALTY**

Private Pleasure  Charter  Residential  In Commission  Racing   
 Laid Up  Ashore  Marina  Mud berth/afloat  Commercial

**DAMAGE AND LOSS TO INSURED VESSEL**

Nature and extent of Damage/Loss: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approx Cost : \_\_\_\_\_

Underwriters may require to instruct a surveyor to attend prior to repairs being carried out.  
 Please submit a formal written estimate of cost as soon as possible.

Proposed Repairer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Tel: \_\_\_\_\_

**FIRST AID AND REPAIRS**

It is the duty of the Insured to take such measures as may be reasonable for the purpose of averting or minimising the loss.

What has been done to minimise the loss : \_\_\_\_\_  
 \_\_\_\_\_

Who has carried out the works: \_\_\_\_\_

**SALVAGE**

If salvage services have been rendered, please provide full details including names and addresses of those who claim to have rendered such services and under what circumstances.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**THEFT OR MALICIOUS DAMAGE MUST BE REPORTED PROMPTLY TO THE POLICE**

Please confirm:

Who advised the local Police: \_\_\_\_\_

Date the local Police were advised: \_\_\_\_\_ Crime report No. \_\_\_\_\_

Postal Address of Police Station: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No. of Police Station: \_\_\_\_\_

**SHIP'S BOAT/DINGHY**

In the case of loss/damage to Ship's Boat/Dinghy - please confirm:

Maker's Name: \_\_\_\_\_ Type: \_\_\_\_\_

Length: \_\_\_\_\_ Age: \_\_\_\_\_ Sum insured: \_\_\_\_\_

That she was permanently marked with the name of the parent vessel: Yes  No

**OUTBOARD MOTOR**

In the case of Loss or Damage to Outboard Motor - please confirm

Maker's Name: \_\_\_\_\_ Type: \_\_\_\_\_

Horsepower: \_\_\_\_\_ Age: \_\_\_\_\_ Sum insured: \_\_\_\_\_

The anti-theft devise in use: \_\_\_\_\_

**IF A THIRD PARTY IS INVOLVED**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No. (Daytime): \_\_\_\_\_ (Evening): \_\_\_\_\_

**THIRD PARTY VESSEL/PROPERTY/PERSON**

Name: \_\_\_\_\_ Type: \_\_\_\_\_

Present Location: \_\_\_\_\_

**DAMAGE AND LOSS TO THIRD PARTY**

Nature and extent of Damage/Loss if known: \_\_\_\_\_

\_\_\_\_\_ Approx. Cost: \_\_\_\_\_

Proposed Repairer: \_\_\_\_\_

Address: \_\_\_\_\_

**INDEPENDENT WITNESSES**

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

**RESPONSIBILITY AND LIABILITY**

In your opinion who was responsible and why: \_\_\_\_\_

\_\_\_\_\_

If casualty occurred whilst racing please provide a copy of the Protest Committee report/findings.

Has any claim been made against you: Yes  No  (If yes attach details)

Note: If a claim is made against you, DO NOT accept responsibility or make any offer of settlement. You should merely acknowledge receipt of any communications received and immediately forward same direct to this office for our attention.

If you believe that the Third Party is responsible then you should write to them, with a copy to this office, formally holding them responsible for the casualty and liable for any costs/losses incurred as a result of the casualty.

**DECLARATION**

I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge and belief, and that I/we have not withheld any material information concerning the claim.

I/We agree to provide any information or documentation as may be reasonably required.

Signed \_\_\_\_\_ (Name Insured or if in Company Ownership – Authorised Signatory)

Dated \_\_\_\_\_