

MARINE CLAIM FORM

BROKER:	POLICY NO:
INSURER:	CLAIM NO:

1. INSURED

Name:	Occupation:
Address:	
Day contact no:	Cellphone no:
Email address:	

2. INCIDENT

Name of vessel:	Type of vessel:
Date of incident:	
Who was in charge of the vessel at the time of the incident?	
Was the vessel taking part in an official race or speed test?	
Purpose for which the vessel was being used?	
Description of how the incident occurred:	
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Sketch of how the incident occurred:	

3. THEFT

Police station:	Ref no:
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MARINE CLAIM FORM continued

4. DAMAGE

Details of damage (an estimate of probable cost damage should be given):
.....
.....
.....
Where can the vessel be inspected?
Was any person injured or any property damaged? If so, give details:
.....
.....
.....
Have any claims been made on you? If so, state amount:

NB: If a claim has been received from a third party, the same should be merely acknowledged, stating that the matter is receiving attention. Do not admit liability or make any offer or promise of payment.

NB: All **communications** from third parties should be forwarded **immediately** to the company for attention.

5. WITNESSES

Name:	Contact no:
Address:	
Name:	Contact no:
Address:	

6. INSURANCE

Do you hold more than one policy indemnifying you in respect of this accident?	Yes	No
Details:		

7. SALVAGE

If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances:
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.....
.....
Is there any Hire Purchase interest? If so, with whom and how much?

8. DECLARATION

I / We declare that to the best of my / our knowledge the above statements are truly made.		
Name:	Capacity:	Date:
Signature:		



LLOYD'S CORRESPONDENT