

## MARINE HULL CLAIM FORM

### DETAILS

**The issuance of this form is not an admission of liability on the part of the Company.  
All questions on this form must be answered in full.**

Policy No \_\_\_\_\_ Name of insured \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Type \_\_\_\_\_ Vessel name \_\_\_\_\_ **Please answer the following questions**

1. Exact time of incident Time: \_\_\_\_\_ am/pm Date \_\_\_\_\_

2. Where did the incident occur? \_\_\_\_\_

a. Latitude \_\_\_\_\_

b. Longitude \_\_\_\_\_

3. What happened? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. For what purpose was the vessel being used? \_\_\_\_\_

\_\_\_\_\_

5. Speed at time of incident \_\_\_\_\_ Tide \_\_\_\_\_

Weather conditions:  visibility  good  fair  very poor  
 water  calm  moderate  rough  
 wind  under 15  15 – 29  30 – 40  over 40 knots

6. a) Name of the person operating the vessel at the time of the incident \_\_\_\_\_

b) What is their relationship to the Assured? \_\_\_\_\_

c) Is this person the usual master?  Yes  No

If no, i) Why was this person operating the vessel? \_\_\_\_\_

ii) Please provide details of their qualifications/experience \_\_\_\_\_  
\_\_\_\_\_

d) Were any drugs or alcohol consumed by the person named in 6(a) within the 24 hours prior to this incident?  
\_\_\_\_\_

7. a) Name of other person(s) on the vessel at the time of the incident \_\_\_\_\_

b) How many crew were on board the vessel at the time of the incident? \_\_\_\_\_

c) Please provide details of qualifications/experience of all the crew (use a separate sheet of paper if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

8. Has the Maritime Safety Authority been advised of the incident?  Yes  No

If no, please advise the reason \_\_\_\_\_  
\_\_\_\_\_

If yes, please advise Location of MSA office \_\_\_\_\_

Date advised \_\_\_\_\_

Name of person advised \_\_\_\_\_

How was this communicated to MSA  Phone  Fax  Other (detail please) \_\_\_\_\_

Did you use a MSA Accident and Incident Report?  Yes  No If yes, attach a copy.

9. Please give full details of the damage to the insured vessel \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Where can the vessel be inspected? \_\_\_\_\_  
\_\_\_\_\_

11. Has an estimate for the cost of repairs been obtained?  Yes  No  
If yes, amount \_\_\_\_\_ From whom \_\_\_\_\_

12. What action, if any, has been taken to minimise loss/damage or liability? \_\_\_\_\_  
\_\_\_\_\_

13. Did you own all the damaged/lost property?  Yes  No  
If no, owner's name and address \_\_\_\_\_  
\_\_\_\_\_

14. Do you have any other insurance which may cover this loss? \_\_\_\_\_  
If yes, please provide details of insurance company and address \_\_\_\_\_  
\_\_\_\_\_

a.) Have you previously had any insurance claims?  Yes  No If yes, detail on a separate sheet.

15. If theft/burglary/malicious damage, have the police been notified?  Yes  No  
If no, why not \_\_\_\_\_  
If yes, station reported to \_\_\_\_\_ Date \_\_\_\_\_

**Note: Please attach police complaint acknowledgement form.**

16. If burglary/theft, please advise how incident occurred and what security arrangements were in place at time of loss  
\_\_\_\_\_  
\_\_\_\_\_

**Note: For theft/burglary claims please attach details of items stolen including purchase price and date.**

**Liability to Third Parties: No liability should be admitted by you, or any offer made to compensate for damage.  
All communications received should be forwarded to us immediately.**

17. Please provide details of damage to third party property\_\_\_\_\_

18. Provide name and address of the owner of the other vessel or property\_\_\_\_\_

\_\_\_\_\_

19. Did you consider the incident to be the fault of any person other than yourself?  Yes  No

If yes, please give details\_\_\_\_\_

20. Did the other person admit liability? Yes  No

If yes, please give details\_\_\_\_\_

21. Estimate of damage to third party property\_\_\_\_\_

22. Loss of earnings (if insured) – number of days unable to operate\_\_\_\_\_

23. Details of rental/replacement vessel costs\_\_\_\_\_

**Declaration**

I/We declare that the above statements are true and correct and I/we have not withheld any material information which will directly or indirectly affect this claim.

Signature of Claimant\_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_