



MARINE HULL CLAIM FORM

Policy No. **Name of Vessel:**.....

Insured's Name and Address

.....
.....

Tel. No......

Date of Occurrence **Place**.....

Describe the occurrence.....

.....
.....
.....
.....

Purpose of Voyage if Vessel underway?

.....
.....

Names of crew on board (if any) at time of occurrence?

.....
.....

Has any attempt been made to salvage vessel?

.....
.....

Where is the vessel now?

.....
.....

Was vessel in seaworthy condition at time of occurrence?

.....

When was vessel last used before this incident?

.....

If a charter vessel, please attach copy of licence.

.....

Name of skipper

.....

Estimated amount of claim

.....

Has any Authority been advised of the occurrence e.g. Police, Port Authority, Coast Guard?

.....

Supporting documents attached to Claim Form

.....

.....

I/We declare the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.

DATE SIGNATURE OF INSURED.....