

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/ourpower in dealing with the matter.

DATE

SIGNATURE OF INSURED

Head Office: Plot 20, Block 94, Providence Str, Off Adewunmi Adebimpe Str, Lekki Phase 1, Lagos.

Tel: 0700LINKCARE (070054652273), 0700LINKAGE (07005465243) Email: Info@linkageassurance.com Web: www.linkageassurance.com