



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