



Marine Insurance Specialists



CLAIM FORM

PLEASE REPLY TO ALL QUESTIONS & COMPLETE THE DECLARATION ON PAGE 5

INSURED

Name _____

Address _____

_____ Post Code _____

Tel No. (Daytime) _____ Tel No. (Evening) _____

Is the Insured registered for V.A.T YES NO

VESSEL

Name _____ Type _____

Present Location _____ Harbour _____

(for possible survey): Marina/Berth: _____

Is the Vessel Subject to a Mortgage YES NO

POLICY

Policy No. _____ Certificate No. _____

Period of Insurance: From _____ To: _____ Sum Insured _____

CASUALTY

Date _____ Location _____

PERSON IN COMMAND OF THE VESSEL

Name _____

Address _____

_____ Post Code _____

Tel No. (Daytime) _____ Tel No. (Evening) _____

Please return to: Velos Insurance Services Ltd 25 Christopher Street London EC2A 2BS

Tel: 020 7375 3273 Fax: 020 7650 7799 insurance@velosgroup.co.uk www.velosinsurance.co.uk

Registered Office as above. Registered in England No 3484670. Authorised and Regulated by the Financial Services Authority and a member of BIBA



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OTHER PERSONS ON BOARD THE VESSEL

Name _____ Address _____

Name _____ Address _____

DETAILS OF CASUALTY

1. Please provide a full and concise report of how the casualty occurred, this must state CAUSE.
2. In case of theft, please describe the anti-theft devices and the security arrangements in force and define the means of entry.
3. In the case of Personal Accident/Injury please provide a separate report by the person in command of the vessel and/or one other witness to the casualty.
4. Please provide a sketch or plan of the casualty showing positions of vessels and relevant features e.g. buoys, coastline, jetties, etc., directions and speed of wind, tide and vessels(s) involved.

Day: _____ Date: _____ Time: _____

Precise Location: _____

Weather Conditions: _____ Sea State: _____

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USE OF VESSEL AT TIME OF CASUALTY

Private Pleasure Charter Residential In Commission Racing
Laid Up Ashore Marina Mud berth/afloat Commercial

DAMAGE AND LOSS TO INSURED VESSEL

Nature and extent of Damage/Loss: _____

Approx Cost : _____

Underwriters may require to instruct a surveyor to attend prior to repairs being carried out.

Please submit a formal written estimate of cost as soon as possible.

Proposed Repairer: _____

Address: _____

_____ Tel: _____

FIRST AID AND REPAIRS

It is the duty of the Insured to take such measures as may be reasonable for the purpose of averting or minimising the loss.

What has been done to minimise the loss : _____

Who has carried out the works: _____

SALVAGE

If salvage services have been rendered, please provide full details including names and addresses of those who claim to have rendered such services and under what circumstances.

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THEFT OR MALICIOUS DAMAGE MUST BE REPORTED PROMPTLY TO THE POLICE

Please confirm:

Who advised the local Police: _____

Date the local Police were advised: _____ Crime report No. _____

Postal Address of Police Station: _____

_____ Post Code: _____

Telephone No. of Police Station: _____

SHIP'S BOAT/DINGHY

In the case of loss/damage to Ship's Boat/Dinghy - please confirm:

Maker's Name: _____ Type: _____

Length: _____ Age: _____ Sum insured: _____

That she was permanently marked with the name of the parent vessel: Yes No

OUTBOARD MOTOR

In the case of Loss or Damage to Outboard Motor - please confirm

Maker's Name: _____ Type: _____

Horsepower: _____ Age: _____ Sum insured: _____

The anti-theft devise in use: _____

IF A THIRD PARTY IS INVOLVED

Name: _____

Address: _____

_____ Post Code: _____

Telephone No. (Daytime): _____ (Evening): _____

THIRD PARTY VESSEL/PROPERTY/PERSON

Name: _____ Type: _____

Present Location: _____

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DAMAGE AND LOSS TO THIRD PARTY

Nature and extent of Damage/Loss if known: _____

_____ Approx. Cost: _____

Proposed Repairer: _____

Address: _____

INDEPENDENT WITNESSES

Name _____ Address _____

Name _____ Address _____

RESPONSIBILITY AND LIABILITY

In your opinion who was responsible and why: _____

If casualty occurred whilst racing please provide a copy of the Protest Committee report/findings.

Has any claim been made against you: Yes No (If yes attach details)

Note: If a claim is made against you, DO NOT accept responsibility or make any offer of settlement. You should merely acknowledge receipt of any communications received and immediately forward same direct to this office for our attention.

If you believe that the Third Party is responsible then you should write to them, with a copy to this office, formally holding them responsible for the casualty and liable for any costs/losses incurred as a result of the casualty.

DECLARATION

I/We declare that the foregoing particulars are true and correct to the best of my/our knowledge and belief, and that I/we have not withheld any material information concerning the claim.

I/We agree to provide any information or documentation as may be reasonably required.

Signed _____ (Name Insured or if in Company Ownership – Authorised Signatory)

Dated _____

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