

· YACHT OR MOTOR BOAT · ACCIDENT FORM

(If not applicable give details/statement on a separate sheet)

ASSURED'S VESSEL	
1. Full Name of Owner:	.....
2. Address:	..... ..... .....
3. Policy No.:	.....
4. What crew was carried?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Details of vessel	
(a) Name	.....
(b) Type	.....
(c) Length	.....
(d) HP	.....
(e) Fuel	.....
(f) Full value	.....

NAVIGATOR
6. Who was in charge of your vessel at the moment the accident occurred? Give name, address and occupation together with particulars of his/her qualifications and experience in handling craft.
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SHIP'S BOAT	
8. If involved in accident, was she permanently marked with name of parent vessel?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DAMAGE TO THIRD PARTIES (Persons and property)	
9. (a) Please give full details or injury and names and addresses of all persons concerned	.........................
(b) Have any claims been made on you? If 'Yes' state amount	Yes <input type="checkbox"/> No <input type="checkbox"/>

WITNESSES	
10. Names and addresses (it is important that these are obtained)	
(b) Passengers in Vessel	....................
(c) Independent Witnesses	...............

OFFICIAL EVIDENCE	
11. Did a Coast Guard, Harbour Official or other Officer witness the accident or take particulars? If 'Yes' give name, officer's number and address.	Yes <input type="checkbox"/> No <input type="checkbox"/>

REPAIRS TO YOUR VESSEL

12. (a) Where is she now lying and in whose charge?

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(b) Is she in Repairer's hands

Yes No

If 'Yes' give name of Firm

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(c) Have you obtained estimate for repairs

Yes No

If 'Yes' from whom?

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Amount

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INSURANCE

13. (a) Do you hold more than one policy indemnifying you in respect of this accident?

Yes No

(b) If 'Yes' give name and address of Company.

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SALVAGE

14. (a) If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances.

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(b) Give details of any claim received.

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I hereby declare that the above answers and particulars are true and complete in every aspect.

Name (please print)

Signature

Date