

Please print clearly in BLOCK LETTERS throughout. Answer all questions, selecting the necessary check box as appropriate and indicating Not Applicable if necessary. Date format is DD/MM/YY. If the requested details below are not applicable, give details/statement on a separate sheet.

**SECTION 1 ASSURED'S VESSEL**

Full Name of Owner \_\_\_\_\_ VAT No. \_\_\_\_\_

Address \_\_\_\_\_

Contact Nos. (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Email \_\_\_\_\_ Policy No. \_\_\_\_\_

Noting the definition below, please select which of the following is applicable to you:

 Politically Exposed Person (PEP)       Related to a Politically Exposed Person (PEP)       Not Applicable

A **Politically Exposed Person (PEP)** is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. This category also includes immediate family members close personal and professional associates.

Was crew being carried?  Yes  No If Yes, please provide the following details of the crew members on board:

Name 1 \_\_\_\_\_ Contact No. \_\_\_\_\_

Name 2 \_\_\_\_\_ Contact No. \_\_\_\_\_

Name 3 \_\_\_\_\_ Contact No. \_\_\_\_\_

Name 4 \_\_\_\_\_ Contact No. \_\_\_\_\_

Name 5 \_\_\_\_\_ Contact No. \_\_\_\_\_

Name 5 \_\_\_\_\_ Contact No. \_\_\_\_\_

Vessel Name \_\_\_\_\_

Vessel Type \_\_\_\_\_ Length \_\_\_\_\_

HP \_\_\_\_\_ Fuel \_\_\_\_\_ Full value \_\_\_\_\_

**SECTION 2 NAVIGATOR**

Who was in charge of the Vessel (she) at the moment the accident occurred? Please provide the following details:

Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Particulars of Qualifications and Experience in handling craft \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3 DETAILS OF ACCIDENT**

Date \_\_\_\_\_ Time \_\_\_\_\_ Speed of your Boat through the Water \_\_\_\_\_

Place \_\_\_\_\_ Direction/speed of Current \_\_\_\_\_

Depth of Water \_\_\_\_\_ Windspeed \_\_\_\_\_

Did your Vessel comply fully with the "Rule of the Road at Sea"?  Yes  No

What lights was she carrying? \_\_\_\_\_

Please state purpose for which Vessel was being used at time of accident \_\_\_\_\_

Was the Vessel racing or under starter's orders?  Yes  No

Have you reported to Receiver of Wrecks or other officials?  Yes  No

If Vessel is a wreck, give her position as accurately as possible \_\_\_\_\_

Can the Vessel, in your opinion, be salvaged?  Yes  No

Please explain fully how the accident happened \_\_\_\_\_

Use Page 4 of this form to provide further details and please also use Page 4 to provide a sketch.

In your opinion, was the accident caused by the fault of any person other than your Navigator?  Yes  No

If Yes, give name, address and occupation of such person \_\_\_\_\_

**SECTION 4** DAMAGE TO YOUR VESSEL

Please give details of damage (a detailed estimate of probable cost of repairs should be sent herewith):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 5** SHIP'S BOAT

If involved in accident, was she permanently marked with name of parent Vessel?  Yes  No

**SECTION 6** DAMAGE TO THIRD PARTIES (Persons and property)

Please give the following details of of all persons concerned:

	Person 1	Person 2	Person 3	Person 4
Name				
Address				
Tel. No.				
Nature of Injuries				

Have any claims been made on you?  Yes  No If Yes, state amount \_\_\_\_\_

**SECTION 7** WITNESSES

Names and addresses of Witnesses (it is important that these are obtained):

Passengers in Vessel	Independent Witnesses

**SECTION 8 OFFICIAL EVIDENCE**Did a Coast Guard, Harbour Official or other Officer witness the accident or take particulars?  Yes  No If Yes:

Officer's name \_\_\_\_\_ Officer's No. \_\_\_\_\_

Address \_\_\_\_\_

**SECTION 9 REPAIRS TO YOUR VESSEL**

Where is the Vessel (she) now lying and in whose charge? \_\_\_\_\_

Is she in Repairer's hands?  Yes  No If Yes, give name of Firm \_\_\_\_\_Have you obtained estimate for repairs?  Yes  No If Yes, from whom? \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

**SECTION 10 INSURANCE**Do you hold more than one Policy indemnifying you in respect of this accident?  Yes  No If Yes:

Name of Company \_\_\_\_\_

Address \_\_\_\_\_

**SECTION 11 SALVAGE**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Give details of any claim received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 12 DECLARATION**

I/We hereby declare that the foregoing particulars provided by me/us are true and correct to the best of my/our knowledge and belief. I am/we are aware that the failure by me/us to provide information that is true and correct to the best of my/our knowledge and belief, or the withholding of information relevant to this claim may result in CG United Insurance Ltd. denying or voiding this claim, or in criminal prosecution and/or civil proceedings being brought against me/us in accordance with relevant Laws.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**YACHT OR MOTOR BOAT ACCIDENT FORM**  
CLAIM NO. \_\_\_\_\_

**ADDITIONAL INFORMATION**

Provide further details on how the accident happened and please use this space to provide a sketch: