

Yacht and Boat Claim Form

Policy Number		Claim Number	
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General Information

Insured/Owner

Full Name

Business or Occupation

Address

Tel (Day)

Tel (Evening)

VAT Registration No.

Navigator/Helmsman

Who was in charge of your vessel at the moment the accident occurred?

Give name, age, address and occupation together with particulars of qualifications and experience in handling the craft

Vessel Details

Name of Vessel

Age

Full Value

£

Type of Vessel

Crew Carried?

For what purpose was the vessel used at the time of the accident?

Details of Incident

Date and Time of Incident

Cause

Place of Occurrence

Was the vessel racing at the time?

Please state Weather Conditions/Wind Direction/Beaufort Scale Force

Explain fully how events giving rise to your claim occurred

Include details such as speed, depth of water etc (if necessary, continue on back page and provide sketch)

Witnesses

Passengers in Vessels

Include all names and addresses (Use separate sheet if necessary)

Independent Witnesses

Include all names and addresses (Use separate sheet if necessary)

Claim Line – Tel: 01902 796 793 Fax: 01902 796 799

Insurance Risk & Claims Management Limited

Three Charter Court, Broadlands, Wolverhampton, WV10 6TD

Description of Damage

Damage Sustained by Your Craft

Passengers in Vessels - Include all names and addresses (Use separate sheet if necessary)

Was an engine cut-out device in operation at the time of the accident? YES / NO

If 'NO', please provide details as to why not

Repairs to Your Craft

Approximate cost of repairs or replacement £

(An estimate from a firm of repairers should be submitted as soon as possible)

What was done to minimise the loss or damage?

Where can the craft be inspected?

Please provide the name, address and telephone number of your nearest repair yard

Third Parties

Give full details of damage or injury and names and addresses of all persons concerned

Amount of claim made on you

By Whom?

Note: If you have received notification of a claim from a third party in respect of loss or damage, please forward full details to us immediately. You should not enter into any correspondence with any third party. You should not disclose that you have insurance cover, admit liability, or make any offer or promise of payment.

Details of Theft

Date and Time of Occurrence

Place of Occurrence

When was craft last seen?

Please give name and address of the person who discovered the theft.

What security precautions or anti-theft device(s) were fitted?

To the Craft?

To the Trailer?

How was entry made into or from the storage area?

Address and telephone number of police station to which the loss has been reported together with the Crime Ref. No.

Items Stolen/Damaged

Description of Article(s)	Manufacturer	Date Purchased/Age	Cost of Replacement	Cost of Repair	Amount Claimed (value at date of loss)

Declaration

I/We declare that the above answers and particulars are true and complete in every respect and that there is no other insurance in force covering My/Our loss. I/We authorise Insurance Risk & Claims Management Ltd (IRCM), their Agents, and Relevant Insurers to handle My/Our claim.

Signature of Insured

Date

Signature of Person in Charge of Vessel

Date

Important: No payment, settlement or admission of liability must be made without the consent of IRCM. All notices, either written or verbal, or any claim or legal proceedings must be immediately forwarded to Us, unanswered. Do not acknowledge it yourself. In order to prevent and detect fraud we may share information with other Organisations and Public Bodies, including the Police.

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