MARINE HULL CLAIM FORM

STATEMENT AND PARTICULARS OF CLAIM

The issue of this Claim Form is in no way an admission of liability. This claim form should be completed as fully and accurately as possible and returned immediately.

1. Name of Insured: __________________________ Policy No. __________________
   Address: __________________________ Telephone No. __________________
   Name of Vessel: __________________________

2. Name and address of person in charge of vessel at time of casualty. __________________________

3. (a) Was vessel let on hire at time of casualty? ☐ Yes ☐ No
   (b) Was vessel racing? ☐ Yes ☐ No

4. Date and time of casualty
5. Position or course and approximate speed.
6. What kind of weather?
7. Brief details of damage received by your vessel.
8. Where and when can your vessel be surveyed?
9. IF ANOTHER VESSEL IS INVOLVED:
   Name of other vessel

10. Name and address of owner of other vessel

11. Name and address of person in charge of other vessel
12. Position or course and approximate speed of other vessel.
13. Brief details of damage received by other vessel.

14. What part of your vessel came into contact?
15. Name and address of any witnesses.
Describe accident fully below:

If in collision, sketch showing position and direction of vessels prior to accident. Indicate approximate course taken by both vessels up to time of collisions, also direction and speed of wind and tide.

Signature of person making report: .................................................................

Date: .................................................................