

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.

Argus Insurance Company Limited

14 Wesley Street
Hamilton HM 11
P.O. Box HM 1064
Hamilton HM EX, Bermuda

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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:

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