



Middlesea Insurance p.l.c.

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CLAIM FORM FOR YACHTS AND PLEASURE CRAFTS

INSURED / OWNER

- | | |
|-------------------------------|-------------------------------------|
| 1. Name _____ | 9. Policy Number _____ |
| 2. Address _____
_____ | 10. Name of Vessel _____ |
| 3. I.D. Card No. _____ | 11. Year of Build _____ |
| 4. Business/Occupation _____ | 12. If vessel is a conversion _____ |
| 5. Telephone Number _____ | 13. Type _____ |
| 6. Telefax Number _____ | 14. Length _____ |
| 7. VAT Registration No. _____ | 15. H.P. _____ |
| 8. VAT Status _____ | 16. Fuel _____ |

NAVIGATOR / HELMSMAN

1. 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.

2. What crew was carried? _____

DETAILS OF INCIDENT

1. Date and time of occurrence _____
2. Place _____
3. If relevant, state weather conditions _____
4. Beaufort scale force _____ Wind description _____
5. Was vessel racing at the time? _____
6. Explain fully how event giving rise to your claim occurred (if necessary continue on back page and provide sketch).

DAMAGE SUSTAINED TO YOUR VESSEL

1. Nature of the loss or damage to your vessel

REPAIRS TO YOUR VESSEL

1. Approximate cost of repairs and/or replacement _____
2. An estimate from a firm of repairers should be submitted as soon as possible.

DO NOT INITIATE REPAIRS UNTIL ESTIMATES HAVE BEEN APPROVED

What is being done to minimise the loss or damage? _____

3. Where can the vessel be inspected? _____

4. Name, address and telephone number of nearest repair yard _____

TENDER / DINGHY

1. If your tender/dinghy is involved

Make _____ Year _____

Type and length _____

2. Please confirm how she was marked with the parent vessel's name _____

DETAILS OF THEFT

1. Date _____ Time _____ Place _____

2. When was vessel last inspected? _____

3. Who discovered the theft? Give name and address _____

4. In the case of the outboard motor, gear stored or fitted aboard, what security precautions or anti-theft device(s) were fitted or used:

5. How was entry made and/or items removed? _____

6. In the event of theft give name, address and telephone number of Receiver of Wreck and the Police Station to which the loss has been reported _____

2. Have any claims been made against you? Yes No If so state amount _____

NOTE IF A CLAIM HAS BEEN RECEIVED FROM A THIRD PARTY same should be merely acknowledged, stating the matter is receiving attention. DO NOT DISCLOSE the fact that insurance exists and DO NOT ADMIT LIABILITY or make any offer or promise of payment.

IF THIRD PARTY IS CONSIDERED AT FAULT A COPY OF YOUR LETTER HOLDING THE OWNER RESPONSIBLE SHOULD BE FORWARDED WITH THIS FORM TOGETHER WITH DETAILS OF THEIR INSURERS IF KNOWN.

WITNESSES

1. **Name and addresses** (It is important that these be obtained)

Passengers in vessel

Independent witnesses

IMPORTANT NOTE:

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

I/We hereby declare that the above answers and particulars are true and complete in every respect.

SIGNATURE _____

DATE _____

Please provide further information below if necessary
