

# Marine Claim Form



Policy number  Claim Number

## General information

Insured / Owner

Full name  Business or occupation

Address

Postcode

Telephone (day)  Telephone (evening)

VAT Registration no.  Email address

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

Please state weather conditions / wind direction / Beaufort Scale Force

Was the vessel racing at the time?

Explain fully how events giving rise to your claim occurred, please also indicate responsibility  
Include detail such as speed, depth of water etc (if necessary, continue on back page and provide a sketch)

### Witnesses

Passengers in vessels

Include all names and addresses (use separate sheet of necessary)

Independent witnesses

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

### Description of damage

Passengers in vessels

Include all names and addresses (use separate sheet of 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 (please ensure that the estimate clearly indicates the split between parts and labour. The hourly labour rate cost must be advised)

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 the 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 Crime Ref No.

#### Items stolen / damaged

Description of article(s)	Manufacturer	Date purchased / Age	Cost of replacement	Cost of Repair	Amount Claimed

#### 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 liability.

I/We confirm I/we authorise Towergate Mardon / Towergate Underwriting Group to handle my / our claim on behalf of the insurers

Signature of insured

Date

Signature of joint policyholder

Date

Signature of person in charge of vessel

Date

#### Important:

No payment, settlement or admission of liability must be made without the consent of the company. Every notice written or verbal or any claim or legal proceedings must be forwarded to the company immediately. Do not acknowledge it yourself. In order to prevent and detect fraud we may at any time share information about you with other organisations and public bodies, including the Police

Telephone: **0844 892 1320** Fax: **0870 156 6378**

24 hour Helpline: **0117 934 2111**

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