



YACHT/BOAT CLAIM REPORTING FORM

Please provide the following vital information in order to register the claim and to arrange survey

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| Name of the Insured | |
| Policy No. | |
| Date & time of Loss | |
| Place of Loss (Apporx. Distance from the coast) | |
| Nature of Loss | |
| Is there is any Damage to any other Boat or Property, Pls Provide | |
| Any bodily injury to anyone, Pls provide details | |
| Name of the Captain/Driver of the Boat at the time of the Incident | |
| Circumstances of the Loss | |
| Brief Description of the Incident | |
| Copy of the Police report of this incident | |
| Location of the Damaged Items | |
| Contact Person & Contact details for survey | |

I/we declare that the information given above to be correct best of my knowledge.

Signature

Date

Place