



PLEASURE CRAFT CLAIM REPORTING FORM

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

Policy No.	
Date & time of Loss	
Place of Loss (Approx. Distance from the coast)	
Nature of Loss	
Name of the Captain/Driver of the Boat at the time of the Incident	
Circumstances of the Loss	
Full Description of the Incident	
Location of the Damaged Yacht	
Contact Person & Contact details for survey	
POLICE/COAST GUARD ACCIDENTAL REPORT (please attach)	
REPAIR ESTIMATE	

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

Signature

Date