

Claim No:	YACHT HULL DAMAGE		
	CLAIM FORM EMAIL – CLAIMS@MARITIMEINSURANCE.US FAX – 888-482-6844 OFFICE – 843.278.4921		

POLICYHOLDER

Name / Company Name:			
Address:			
Daytime Telephone No:		Mobile:	
Home Telephone No:		E-mail Address:	
Customer No:		Policy No:	

VESSEL

Type of Vessel:		Vessel Name:	
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At the time of damage, was the vessel being used for charter? If so, Bareboat or Skipper?	
Skipper at time of damage?	
Number of crew?	
Location at time of damage?	
Date of damage?	
Time of damage?	
Weather conditions at time of damage?	
What measures have you taken or will you take to minimize the damage?	
Type of damage on insured vessel, estimated repair costs?	
How do you suggest that the damage be repaired?	
What company do you suggest should do the repairs?	
Where can the vessel be inspected by an expert?	
If the vessel has already been inspected, please provide us with the name and address of the surveyor.	
Does any company or people other than yourself have any financial interest in the boat?	
Are any of the items for which you are claiming covered under any other insurance?	

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Did Police or responsible authority produce a report? If yes, please provide Name / Address / Reference Number / Crime Report Number.	
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Please note: All cases of theft, explosion, fire, vandalism and total loss must be reported to the local Police and a copy of their report submitted with your claim.

Please provide us with a detailed and exact description of the incident. You may use the space provided or a separate sheet. Sketches and photos should be provided where applicable.

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PLEASE FILL OUT IF ANOTHER VESSEL WAS INVOLVED IN THE ACCIDENT

Name of Vessel:	
Owner's name & address:	
Skipper's name & address:	
Were there any other witnesses? If so, please provide names.	
What damages were incurred on the other vessel and / or objects:	

We would like to point out that a fraudulent or exaggerated claim may result in a complete loss of any entitlement under the policy.

DATE: _____

SIGNATURE: _____

(Print Name Here) _____