

## YACHT & MOTORBOAT INSURANCE CLAIM FORM

Please complete and return this form as soon as possible particularly if a third party is involved.

It is in your own interest to give the fullest details possible as this will enable us to deal with your claim with the minimum delay.

It is your responsibility to arrange for repairs, but you should consult us before instructing a repairer unless this would involve a delay leading to further deterioration

### POLICY/CERTIFICATE DETAILS

Policy No. \_\_\_\_\_ Insurance scheme Cert. No. (if applicable) \_\_\_\_\_ *If this is not provided delay may occur*

Full Name of Owner \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Post Code \_\_\_\_\_ Tel. No. \_\_\_\_\_

Name of Vessel \_\_\_\_\_ Date built \_\_\_\_\_

Class or Type \_\_\_\_\_ Length \_\_\_\_\_ Sail No. \_\_\_\_\_

Full Value £ \_\_\_\_\_ H.P. \_\_\_\_\_ Fuel \_\_\_\_\_

### INSURANCE

Do you hold another policy indemnifying you against this loss/accident? \_\_\_\_\_

### VALUE ADDED TAX (this question only applies to your vessel)

Are you registered and accountable for VAT? State YES or NO \_\_\_\_\_ If YES, please state VAT Registration No. \_\_\_\_\_

What is your Tax Status? Tick appropriate box (a) Positive or zero rated  (b) Partially exempt  (c) Exempt

### DETAILS OF LOSS/THEFT Please complete Statement of Claim on page 3 (if an accident see section overleaf).

Date loss discovered \_\_\_\_\_ Time \_\_\_\_\_

Place \_\_\_\_\_

When was vessel last inspected prior to loss? \_\_\_\_\_ Was the vessel fully fitted out? \_\_\_\_\_

If ship's boat how was it marked with name of parent vessel? \_\_\_\_\_

Who discovered the theft? Give name and address \_\_\_\_\_

How was entry made and/or the item removed? \_\_\_\_\_

If loss involves outboard motor, road trailer or gear stored or fitted aboard, what security precautions or devices were used? \_\_\_\_\_

Who was in charge of your vessel? Give name, address and occupation \_\_\_\_\_

If gear, etc. stored separately ashore, give following information: \_\_\_\_\_

(a) Name of firm and address \_\_\_\_\_

(b) In whose possession was key of store? \_\_\_\_\_

(c) When did you last inspect same? \_\_\_\_\_

(d) Were premises occupied and under supervision? \_\_\_\_\_

Give details of any other circumstances relevant to this loss \_\_\_\_\_

Please advise address of Police Station to which theft has been reported and Crime Reference No. or details of Officer making entry \_\_\_\_\_

N.B. An immediate report must be made to the Police Station nearest to the location of the theft.

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**DETAILS OF ACCIDENT**

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Date \_\_\_\_\_ Time \_\_\_\_\_ Speed of your boat through the water \_\_\_\_\_

Place \_\_\_\_\_

Direction and speed of current \_\_\_\_\_ Depth of water \_\_\_\_\_

Direction and force of wind \_\_\_\_\_

Please state purpose for which vessel was being used at time of accident \_\_\_\_\_

Explain FULLY how accident happened (if necessary use space on next page or separate sheet and attach securely) \_\_\_\_\_

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Please provide sketches, using space on back of form and/or forward any photographs which may assist us.

In your opinion was the accident caused by the fault of any person other than your Helmsman? \_\_\_\_\_

If so, give name, address and occupation of such person? \_\_\_\_\_

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**CREW**

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Who was in charge of your vessel at the moment the accident occurred? Give name, address and occupation together with particulars of qualifications and experience in handling craft

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Number of crew carried including Owner or Skipper? \_\_\_\_\_

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**DAMAGE TO YOUR VESSEL** Please give details and complete Statement of Claim opposite, if appropriate

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**REPAIRS TO YOUR VESSEL**

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Where is she now lying and in whose charge? Give name, address and tel no. \_\_\_\_\_

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Have you obtained estimates for repairs? \_\_\_\_\_ If so, from whom? \_\_\_\_\_

Amount £ \_\_\_\_\_

Please forward estimate as soon as possible or with this form if costs likely to be less than the figure stated in the note to claimants enclosed

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**RACING** If craft was subject to racing rules when incident occurred please complete following

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Was a protest made? \_\_\_\_\_ If so, to whom? \_\_\_\_\_

With what result? \_\_\_\_\_

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If no protest made, please give explanation \_\_\_\_\_

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**DAMAGE TO THIRD PARTIES (Persons and property)**

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Give full details of damage or injury and names and addresses of all persons concerned (if necessary use space on next page or separate sheet)

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Have any claims been made on you? \_\_\_\_\_ If so, state amount £ \_\_\_\_\_

**NOTE: If a claim has been received from a third party the same should be merely acknowledged, stating the matter is having attention. DO NOT DISCLOSE the fact that insurance exists and DO NOT ADMIT LIABILITY or make any offer of payment.**

N.B. All **Communications** from third parties should be forwarded **immediately** to the Company for attention.

**WITNESSES** Give names and address – **It is important that these should be obtained**

Passengers in vessel \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Independent witnesses:  
 (It is important to  
 obtain these) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OFFICIAL EVIDENCE**

If a Coastguard, Harbour Official, Lock Keeper, Police Officer or Race Officer witnessed the incident or it was reported to them, please provide name and address and date of report

\_\_\_\_\_

**SALVAGE**

If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances.

\_\_\_\_\_

**STATEMENT OF CLAIM**

1. Description of property stolen, lost, destroyed or damaged with model and serial number	2. Are you the sole owner?	3. Date of manufacture	4. Date purchased or acquired	5. Price paid	6. Estimated cost of repair or similar replacement if repair not possible	7. If applicable, allowance for depreciation (wear and tear)	8. Net amount claimed
<b>TOTAL</b>							

Please use this space for your answers where insufficient space has been allowed. Clearly identify the questions concerned in each case.

Please continue overleaf if necessary

**DECLARATION** Please ensure all relevant questions have been answered.

I/We hereby declare that these particulars are true to the best of my/our knowledge and belief.

Assured's Signature \_\_\_\_\_

Date \_\_\_\_\_

## SKETCH

If damage resulted from collision show relative positions. (a) before impact (b) At the time of impact (c) After impact.  
Show in the sketch direction and speed of wind and tide and position of any other craft or objects which affected your manoeuvres even though not directly involved in the incident.

# Yacht & Motorboat Claim Form

  
NAVIGATORS  
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& GENERAL

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**Navigators and General**

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We thank you for your communication. Please return the completed form with supporting documentation to ▼

or to:  
CLAIMS DEPARTMENT  
NAVIGATORS & GENERAL  
PO BOX 848  
BRIGHTON BN1 3GQ  
FAX 01273 863404  
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