



**GJW Direct**

*The UK's Largest Direct Pleasure Craft Insurer*

# Claim Form

## Insured / Owner

Policy Number.....  
Full Name.....  
Address.....  
.....  
.....  
Postcode.....

Daytime Telephone Number.....  
Mobile Telephone Number.....  
Evening Telephone Number.....  
Fax Number.....  
Email Address.....  
  
Vessel Name.....

## Navigator / Helmsman / Crew

Who was in charge of your vessel  
at the moment the incident occurred?  
If not Insured/Owner  
please provide name, address and occupation  
together with particulars of qualifications and  
experience in handling craft.

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.....  
.....  
.....  
How many Crew were on board?.....

## Incident Details

Please provide date and time of incident.  
Where did the incident happen?  
If relevant, please describe weather conditions  
at time of incident.  
What was Beaufort Scale Force?  
What was Wind Direction?

Date.....Time.....  
.....  
.....  
.....  
.....

Was vessel racing at the time? YES  NO

Please explain fully how event giving  
rise to your claim occurred.  
(If relevant continue on back page and  
provide diagram/sketch)

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## Damage sustained to vessel

Please detail nature and extent of damage to vessel.

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## Tender / Dinghy (if involved)

Make..... Model.....  
Year of manufacture..... Length.....

Please describe how she was marked with the parent vessel's name or other unique marking.

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## Outboard Motor(s) (if involved)

Make..... Model.....Horse power.....  
Year of manufacture..... Serial number.....Replacement cost.....

## Repairs to vessel

Approximate cost of repairs and or replacement  
£.....An estimate from a firm of repairers should be submitted as soon as possible.

Are you able to reclaim V.A.T. content of repair costs? YES  NO

### DO NOT INITIATE REPAIRS UNTIL ESTIMATE HAS BEEN APPROVED BY US

Please detail what action is being taken in order to minimise the loss or damage?

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Where can the vessel be inspected? .....

## Third Parties

Have any claims been made on you? YES  NO   
If Yes, state amount if known £.....  
Please provide details of damage or injury and names of all persons concerned.

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**NOTE** IF A CLAIM HAS BEEN RECEIVED FROM A THIRD PARTY please acknowledge, stating that the matter is having attention but **DO NOT ADMIT LIABILITY** or make any offer or promise of payment.

### Do you consider a Third Party to be responsible for the incident?

If yes, please provide details below. YES  NO   
Name.....  
Address.....  
.....  
Postcode.....  
Telephone No .....

Have you written holding them responsible? YES  NO   
If yes, please attach a copy of all correspondence  
Insurance company (if known).....



# Salvage

If any Salvage Services have been rendered, please give full details including names, addresses of those who claim to have rendered such service and under what circumstances.

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# Witnesses

Please detail below names and addresses of any witnesses.

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Passengers in vessel.

.....  
.....

Independent witnesses.

.....  
.....  
.....

*Please provide further information or Diagram / Sketch below if necessary*

Groves, John & Westrup Limited are a Lloyd's Service Company and in matters of claims act upon the behalf of Watkins Syndicate.

I hereby declare that the above answers and particulars are true to the best of my knowledge and belief.

Signature

DD / MM / YY

Date



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