

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

Incident Details

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

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 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 on the behalf of Munich Re Syndicate Limited

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

Signature

DD / MM / YY

Date



8th Floor, Walker House, Exchange Flags, Liverpool L2 3YL
Tel: 0151 473 8000 Fax: 0151 473 8063 e.mail claims@gjwdirect.com

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