



YACHT & MOTORBOAT STATEMENT OF LOSS/CLAIM FORM

Please complete legibly in BLOCK CAPITALS

- Please note it is your responsibility to act as though uninsured at all times and you should take all necessary steps to safeguard the vessel, minimize the loss and prevent further deterioration.
- Underwriters' liability is limited to the reasonable cost of repairs. For your own protection it is wise to obtain at least two written quotations and underwriters' consent before repairs commence. In the event of an emergency repair affecting the vessel's seaworthiness following a casualty you should act as though uninsured.
- You must not admit liability to any third party without underwriters' consent.
- Until underwriters are in possession of all the facts concerning the incident/loss they will be unable to confirm whether they are liable under the terms and conditions of the policy.

Policy No:

Insured Period:

Name of Vessel:

Name of Insured:

Telephone No:

Cell No:

Fax No:

Email Address:

Date of Incident/Loss:

Location of Loss:

Person in control of the vessel at the time of incident/loss:

Qualifications and experience of person in control:

How many people (including skipper & crew) were on board the vessel at the time of incident/loss:

Purpose for which the vessel was being used at time of incident/loss:

e.g. Private Pleasure or Skippered Charter

CARIBBEAN INSURERS MARINE LIMITED – YACHT STATEMENT OF CLAIM

CLAIM NO:

Cause	Theft	<input type="checkbox"/> Fire <input type="checkbox"/> Sinking <input type="checkbox"/> Water Damage <input type="checkbox"/> Malicious Damage	<input type="checkbox"/> Collision <input type="checkbox"/> Storm Damage <input type="checkbox"/> Machinery Damage <input type="checkbox"/> Accidental Loss	
	Grounding			
	Wind Damage			
	Negligence			
	Other (specify)			

Activity	Moored	<input type="checkbox"/> Anchored <input type="checkbox"/> Laid Up Ashore <input type="checkbox"/> Road Transit <input type="checkbox"/> Repairer's Yard	<input type="checkbox"/> Underway <input type="checkbox"/> Berthing/Docking <input type="checkbox"/> On Tow <input type="checkbox"/> Racing	
	Laid Up Afloat			
	Water-sports			
	Demonstration			
	Other (specify)			

Please give a detailed statement of the circumstances of the incident/loss including extent of damage caused.

If loss or damage resulted from the passing of a Named Windstorm, did you fully implement the severe storm contingency plan declared in the insurance application? If No, please explain why.

Did the Coast Guard, Police and/or other Official witness the incident or take particulars? If Yes, please give details.

If the property was lost, stolen or the subject of malicious damage, has it been reported to the police? If Yes, please give details and provide a copy of the police report.

Was the any injury to persons on board the vessel? If Yes, please give details.

Was a third party involved? If Yes, please give full details, including names and addresses, contact telephone/fax/email and third party insurers.

Names and contact details of all crew, passengers and other persons who witnessed the incident.

Were the services of a Salvor required? If Yes, please give full details.

Where can the vessel be inspected?

Have estimates for repair been obtained? If Yes, please provide copies and advise overall cost.

DECLARATION

I/We hereby declare that the above answers and particulars are, to the best of my/our knowledge and belief, true and correct in every respect. I/We have not withheld any material information relative to this claim. I/We understand that any person, who knowingly and with intent to defraud, files a statement of claim containing any materially false information, or for the purpose of misleading, conceals information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to criminal prosecution and civil penalties.

I/We hereby declare that I/We do not have any other insurance in effect in respect of the property/interest under claim, including personal effects and liability and medical expenses arising there from, which could be called upon to contribute.

I/We agree that any attached Inventory of Items, lost or damaged, is an integral part of this signed statement of claim and declaration.

Signed:

Date

		/			/				
d	d	/	m	m	/	y	e	a	r

CARIBBEAN INSURERS MARINE LIMITED
P.O. BOX 129 - ROAD TOWN - TORTOLA VG1110 - BRITISH VIRGIN ISLANDS

TEL: + 284 393-8929

CELL: + 284 499-1982

EMAIL: simon.crook@caribbins.com

