

Nautical Insurance

Claim Form

Nautical Insurance Services Limited
57 Elm Road
Leigh-on-Sea
Essex SS9 1SP

claims@nautical-insurance.co.uk
01702 470811

You should answer all relevant questions. The answers you provide should be honest and accurate to the best of your belief. Please tell us all that you know about the incident from the outset to help us to make a prompt, fair and reasonable assessment of the circumstances. The attached Detailed Statement is your opportunity to add extra details and diagrams and should be attached to this claim form when returning to us.

It is important that you do not answer any questions recklessly, or deliberately provide false information, as this may result in the insurance under this claim being void and any part of or the whole claim being refused. It is important to ensure that the claim form is signed by all named policyholders.

Please return the completed Claim Form and Detailed Statement(s) to us or your Broker along with two estimates of repair and photographs where appropriate.



Nautical

Policyholder Details

The Owner / Insured primarily named on the Certificate of Insurance

Policyholder Name in Full

Policy Number

If the policy is in a company name and VAT registered , please provide the VAT registration number

VAT Registration Number

Policyholder Address

Post Code

Contact Number(s)

Email

Name of Insured Vessel

Helmsperson

Any person other than the Policyholder who was in control of the vessel at the time of the incident.
An individual Detailed Statement (as attached) must be provided by the Helmsperson

Full Name

Address

Post Code

Contact Number(s)

Email

Date of Birth

Boating Qualifications

Number of years' experience with this class of Vessel

Did the Helmsperson have your prior permission to use the Vessel

No

Yes

Number of people on board (including Helmsperson) at time of Incident

When and Where the Incident happened

Date

Time

Location of Vessel at time of Incident

For what purpose was the Vessel being used

Private & Pleasure

Skipper Charter

Incidents Involving a Third Party (TP)

Damage to Third Party Vessel	<input type="checkbox"/>	Damage to Your Vessel by a Third Party	<input type="checkbox"/>
Damage to Third Party Property	<input type="checkbox"/>	Damage to Your Property by a Third Party	<input type="checkbox"/>
Personal Injury to a Third Party	<input type="checkbox"/>	Personal Injury to You or Your passenger	<input type="checkbox"/>
Death of a Third Party	<input type="checkbox"/>	Death	<input type="checkbox"/>

Did you accept liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Were you at fault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the Third Party accept liability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was the Third Party at fault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Provide details of the Injured Person, the injury sustained or circumstance of Death

Full Name
Address
Post Code
Contact Number(s)
Email
Description of Injury
Has the Injured Person been seen by a Doctor or Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> Age at date of incident
Circumstance of Death

Name and Class of TP Vessel
Name of TP Vessel Owner
Name and Address of TP Insurer
Post Code
TP Insurance Policy Number

The Cause of the Incident

Accidental Damage	<input type="checkbox"/>	Explosion	<input type="checkbox"/>	Malicious / Vandalism	<input type="checkbox"/>
Accidental Loss	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Sinking	<input type="checkbox"/>
Collision	<input type="checkbox"/>	Flooding	<input type="checkbox"/>	Storm	<input type="checkbox"/>
Contamination	<input type="checkbox"/>	Frost Damage	<input type="checkbox"/>	Struck Submerged Object	<input type="checkbox"/>
Dismasting	<input type="checkbox"/>	Grounding	<input type="checkbox"/>	Underwater Damage	<input type="checkbox"/>
Engine Failure	<input type="checkbox"/>	Heavy Weather Damage	<input type="checkbox"/>	Vermin	<input type="checkbox"/>

Local Club Racing	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Event Race state race name
Was there a protest?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, attach a copy of the protest meeting minutes and outcome

Theft <input type="checkbox"/>	Has the theft been reported to the Police?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Date	Time	Crime Reference	
Name and Address of Police Station			
Is CCTV footage available?	No <input type="checkbox"/>	If Yes, arrange for a copy of the footage to be forwarded to us	

What was the Activity of the Vessel at the time of the Incident			
Afloat	<input type="checkbox"/>	Racing / Racing Conditions	<input type="checkbox"/>
Afloat on Mooring	<input type="checkbox"/>	Towing Water Skiers	<input type="checkbox"/>
Berthing / Docking	<input type="checkbox"/>	Towing Inflatable Toys	<input type="checkbox"/>
Demonstration Use	<input type="checkbox"/>	In a Lock	<input type="checkbox"/>
Underway	<input type="checkbox"/>	Repair Yard	<input type="checkbox"/>
		Ashore	<input type="checkbox"/>
		Ashore on Trailer	<input type="checkbox"/>
		On Tow	<input type="checkbox"/>
		Road Transit	<input type="checkbox"/>

Prevailing Weather / Water Conditions at the time of the Incident					
	Calm	Moderate	Rough	Storm	Storm Force
Sea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
River	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind Speed	Wind Direction		Speed of Vessel Through Water		

Details of Officials You Notified or who Witnessed the Incident			
Provide indicate any Official that you reported the Incident to or who witnessed the Incident			
	Notified	Witness	Contact Name and Number
Coastguard	<input type="checkbox"/>	<input type="checkbox"/>	_____
Marina Staff	<input type="checkbox"/>	<input type="checkbox"/>	_____
Harbour Official	<input type="checkbox"/>	<input type="checkbox"/>	_____
Receiver of Wrecks	<input type="checkbox"/>	<input type="checkbox"/>	_____
MAIB (Maritime Accident Investigation Branch)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other Official	<input type="checkbox"/>	<input type="checkbox"/>	_____

Names of Passengers, Crew or other Persons who Witnessed the Incident

Please arrange for each person named below to complete an individual Detailed Statement (as attached)

Full Name

Full Name

Full Name

Current Location of the Vessel

Where we can inspect the vessel and whom we should contact to make inspection arrangements

Location of Vessel

Contact Name

Address

Post Code

Contact Number(s)

Email

Estimates for Repairs to the Vessel

Please submit two estimates of the cost of repairs (where applicable)

Have you made arrangements for estimates for the cost of repairs to be prepared? No Yes

Are Estimates attached? Yes If No when will they be available?

Name and Address of Repairer 1

Post Code

Contact Number(s)

Email

Name and Address of Repairer 2

Post Code

Contact Number(s)

Email

If you already have a verbal estimate, tell us the costs of repairs quoted £

General Information

In respect of risks covered under this insurance, has any loss, damage or liability arisen whether insured or not, in the last 10 years? If Yes, please state the nature of the incident, the date of occurrence and costs incurred

Incident

Date Costs

Other Insurances

In some circumstances we may need to talk to other Insurers and /or verify the information you have given. Please provide details of your Household Contents Insurer and your Motor Insurer to assist us.

Household Contents Insurer

Post Code

Policy Number

Motor Insurer

Post Code

Policy Number

Detailed Statement

To be signed by the Person providing the Statement

Please provide a Detailed Statement setting out the circumstances of the Incident in full. You should include any extra information that you believe to be relevant and in support of your claim (include diagram if applicable). If you are not sure whether a detail is relevant, tell us anyway.

Declaration

To be signed by the Policyholder(s) and Person in charge of the Vessel at the time of the Incident

I/We declare that to the best of My/Our knowledge the information provided within this claim form and attached Detailed Statement(s) is true and complete. I/We have not knowingly withheld information connected with this claim and I/We agree to provide the insurers with any further information or documentation as may be reasonably required. I/We do not hold any other policy indemnifying Me/Us in respect of this claim. I/We understand that you may seek information from other insurers as verification of the information provided and I/We authorise the giving of such information for such purposes. I/We request that you deal with this claim as per the terms of My/Our policy and instruct any person legal or otherwise if it is felt necessary.

Helmsperson's Signature

Print Name

Date

Primary Policyholder Signature

Print Name

Date

Joint Policyholder(s) Signature(s)

Print Name

Date

Detailed Statement

Please provide a Detailed Statement setting out the circumstances of the Incident as you experienced or viewed, in full. You should include any extra information that you believe to be relevant and of assistance to us in concluding the claim promptly. (Include diagram if applicable). If you are not sure whether a detail is relevant, tell us anyway.

Policyholder Name	
If you are not the Policyholder please tell us in what capacity you are providing this Detailed Statement	
Helmsperson <input type="checkbox"/>	Passenger <input type="checkbox"/>
Crew <input type="checkbox"/>	Witness <input type="checkbox"/>
Official <input type="checkbox"/>	
Full Name	Age
Address	
Post Code	
Contact Number(s)	
Email	



To be signed by the Person providing the Statement

Signature

Date

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