

Yachts and Pleasure Crafts Claim Form

IMPORTANT NOTE

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

1. INSURED/OWNER

Name:	
Address:	
I.D Card No.:	E-mail:
Telephone No.:	Mobile No.:
VAT Registration No.:	VAT Status:
Policy No.:	Business/Occupation:
Fuel:	Year of build:
Type:	Length:
H.P:	Is vessel a conversion? YES <input type="checkbox"/> NO <input type="checkbox"/>

2. NAVIGATOR/HELMSMAN

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

What crew was carried?

3. DETAILS OF INCIDENT

Date and time of occurrence:	
Place:	If relevant state weather conditions:
Beaufort scale force:	Wind description:
Was vessel racing at the time? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Explain fully how event giving rise to claim occurred (if necessary continue on a separate sheet and provide sketch):	

4. DAMAGE SUSTAINED TO YOUR VESSEL

Nature of the loss or damage to your vessel:

5. REPAIRS TO YOUR VESSEL

Approximate cost of repairs and/or replacement:

(An estimate from a firm of repairers should be submitted as soon as possible.
DO NOT INITIATE REPAIRS UNTIL ESTIMATES HAVE BEEN APPROVED.)

What is being done to minimise the loss or damage?

Where can the vessel be inspected?

Name, address and telephone number of nearest repair yard:

6. TENDER/DINGHY

If your tender/dinghy is involved:

Make:

Year:

Type and length:

Please confirm how she was marked with the parent vessel's name:

7. DETAILS OF THEFT

Date:

Time:

Place:

When was vessel last inspected?

Who discovered the theft? Give name and address:

In the case of the outboard motor, gear stored or fitted aboard, what security precautions or anti-theft device(s) were fitted or used:

How was entry made and/or items removed?

In the event of theft, give name, address and telephone number of Receiver of Wreck and the Police Station to which the loss has been reported:

10. SALVAGE

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

11. INJURY / DAMAGE TO THIRD PARTIES

Full details of damage or injury and name and addresses of all persons concerned:

Have any claims been made against you? YES | NO

NOTE:

If a claim has been received from a third party same should be merely acknowledged, stating the matter is receiving attention. Do not admit liability or make any offer or promise of payment.

If third party is considered at fault a copy of your letter holding the owner responsible should be forwarded with this form together with details of their insurers if known.

12. WITNESSES

Name (It is important that these be obtained):

Addresses (It is important that these be obtained):

Passengers in vessel:

Independent witnesses:

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing of any information by the Company or any other members of the Mapfre Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorize (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Mapfre Middlesea p.l.c.

Signature of claimant:

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/ We confirm that I/We have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Signature of claimant:

Date: