

Claim No.

Yacht & Motorboat Insurance Claim Form



A Member of the  Zurich Insurance Group

Please complete and return this form as soon as possible particularly if a third party is involved.

It is in your own interest to give the fullest details possible as this will enable us to deal with your claim with the minimum delay.

It is your responsibility to arrange for repairs, but you should consult us before instructing a repairer unless this would involve a delay leading to further deterioration.

Policy/Certificate Details

Policy No.	Insurance scheme Cert. No. (if applicable)	If this is not provided delay may occur
Full Name of Owner		Occupation
Address		
Email	Post Code	Tel No.
Name of Vessel		Date built
Class or Type	Length	Sail No.
Full Value £	H.P.	Fuel

Insurance

Do you hold another policy indemnifying you against this loss/accident?

Value Added Tax (this question only applies to your vessel)

Are you registered and accountable for VAT? State YES or NO

If YES, please state VAT Registration No.

What is your Tax Status? Tick appropriate box (a) Positive or zero rated (b) Partially exempt (c) Exempt

Details of Loss/Theft Please complete Statement of Claim on page 3 (if an accident see section overleaf)

Date loss discovered Time

Place

When was vessel last inspected prior to loss? Was the vessel fully fitted out?

If ship's boat how was it marked with name of parent vessel?

Who discovered the theft? Give name and address

How was entry made and/or the item removed?

If loss involves outboard motor, road trailer or gear stored or fitted aboard, what security precautions or devices were used?

Who was in charge of your vessel? Give name, address and occupation

If gear, etc. stored separately ashore, give following information:

(a) Name of firm and address

(b) In whose possession was key of store?

(c) When did you last inspect same?

(d) Were premises occupied and under supervision?

Give details of any other circumstances relevant to this loss

Please advise address of Police Station to which theft has been reported and Crime Reference No. or details of Officer making entry

N.B. An immediate report must be made to the Police Station nearest to the location of the theft.

Details of Accident

Date	Time	Speed of your boat through the water
Place		
Direction and speed of current		Depth of water
Direction and force of wind		
Please state purpose for which vessel was being used at time of accident		
Explain FULLY how accident happened (if necessary use space on next page or separate sheet and attach securely)		
.....		
.....		
.....		
.....		
Please provide sketches, using space on back of form and/or forward any photographs which may assist us.		
In your opinion was the accident caused by the fault of any person other than your Helmsman?		
If so, give name, address and occupation of such person?		
.....		

Crew

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

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Number of crew carried including Owner or Skipper?

Damage to your Vessel

Please give details and complete Statement of Claim opposite, if appropriate

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Repairs to your Vessel

Where is she now lying and in whose charge? Give name, address and tel no.

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Have you obtained estimates for repairs?

If so, from whom? Amount £

Please forward estimate as soon as possible or with this form if costs likely to be less than the figure stated in the note to claimants enclosed

Racing

If craft was subject to racing rules when incident occurred please complete following

Was a protest made?	If so, to whom?
With what result?	
.....	
.....	
If no protest made, please give explanation	

Damage to Third Parties (Persons and property)

Give full details of damage or injury and names and addresses of all persons concerned (if necessary use space on next page or separate sheet)

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Have any claims been made on you?	If so, state amount £
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NOTE: If a claim has been received from a third party the same should be merely acknowledged, stating the matter is having attention. DO NOT DISCLOSE the fact that insurance exists and DO NOT ADMIT LIABILITY or make any offer of payment.

N.B. All Communications from third parties should be forwarded immediately to the Company for attention.

Sketch

If damage resulted from collision show relative positions. (a) before impact: (b) At the time of impact (c) After impact.
Show in the sketch direction and speed of wind and tide and position of any other craft or objects which affected your manoeuvres even though not directly involved in the incident.

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**NAVIGATORS
& GENERAL**
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& GENERAL**

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Navigators and General – Brighton

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Navigators and General is a trading name of Zurich Insurance plc. A public limited company incorporated in Ireland.
Registration No. 13460. Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland.

UK Branch registered in England and Wales Registration No. BR7985.

UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Zurich Insurance plc is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority.
Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. These details can be
checked on the FCA's Financial Services Register via their website www.fca.org.uk or by contacting them on 0800 111 6768.

Our FCA Firm Reference Number is 203093.

Communications may be monitored or recorded to improve our service and for security and regulatory purposes.

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We thank you for your communication. Please return the
completed form with supporting documentation to ▼

or to:
**CLAIMS DEPARTMENT
Navigators and General – Brighton
PO Box 3707, Swindon, SN4 4AX
FAX 01273 863404
TELEPHONE 01273 863450**