

CREW CLAIM FORM

YACHT

Name of Yacht

PERSONAL DETAILS

(Claimant / Patient)

Name

Date of Birth Male ☐ Female ☐

Address

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Phone No. Fax

E-Mail

Nationality

Position on board

CLAIM DETAILS

Is the Claim / Medical Expenses due to an

ACCIDENT ☐ **ILLNESS** ☐

If due to an **ACCIDENT** please state date of occurrence,
if due to **ILLNESS** please state date which symptoms
first appeared.

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If due to an **ACCIDENT** please describe the
circumstances leading to your accident / if due to
ILLNESS please describe the cause of your illness.

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DOCTOR'S DETAILS

Please advise doctor / medical providers Name,
Address and Contact details.

Name

Contact details

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TREATMENT DETAILS

Please advise what treatment you have received due
to this accident / illness.

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Please advise any further ongoing treatment you
will/may be obtaining due to this accident / illness.

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If the claim is due to **ILLNESS** have you previously
received medical treatment in respect of the same
Illness or for similar symptoms?

YES ☐ **NO** ☐

If **YES**, please provide details including dates
symptoms first appeared and last date of
treatment.

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OTHER INSURANCE

Are you covered under any other Insurance?

YES ☐ **NO** ☐

If **YES**, Name of Insurer

Policy Number

Contact details

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In order to fully process your claim please list and detail each invoice provided

Total Claim Amount

As part of your claim, a Medical Report may be required from your Doctor, However, before Underwriters can apply for a Medical Report your consent is required. Before signing the Consent Form at the foot of this page, you should read the following summary of your rights

- (A)** You can withhold your consent but if you should do so your insurers may be unable to process your claim.
- (B)** You can see the report before it is sent to insurers, or during the six months after. You can withhold your consent but if you should do so your insurers may be unable to process your claim.
- (C)** You can ask the doctor if he/she will amend any part of the report You can ask the doctor if he/she will amend any part of the report which you consider incorrect or misleading. If the doctor is not in agreement you may append your own comments.
- (D)** The doctor can withhold from you the report, or part of it, if they think you may be harmed seeing it.

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and, in accordance with my insurance claim, hereby consent to the underwriters being provided with medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health and I agree that a copy of this consent shall have the validity of the original.



I certify that all information contained in this form is true, correct and complete to the best of my knowledge.

Signed

Dated

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Coverholder at **LLOYD'S**