

PERSONAL EFFECTS & CONTENTS CLAIM FORM

Name of Yacht

WHEN?

Date of loss

Day Month Year

WHERE?

Location of incident

.....

Cruising ☐ At a Yard ☐ In a Marina ☐
Other ☐

.....

HOW?

Type of Claim

Grounding ☐ Lightning ☐ Theft ☐
Collision ☐ Heavy Water ☐ Engine Damage ☐

Please describe the events of this loss

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Persons Notified

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WHAT NOW

Where is the Yacht now

Contact Details

Contact

Tel

E-Mail

Repairs

Do you have estimates for the repair costs?

Yes ☐ No ☐

If Yes please state estimate cost

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Is the Yacht VAT registered

Yes ☐ No ☐

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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.

NAME

SIGNED

DATE