

10. (i) What lights was she carrying?	
(j) Please state purpose for which vessel was being used at time of accident	
(k) Was vessel racing or under starter's orders?	
(l) Have you reported to Receiver of Wrecks or other officials?	
(m) If vessel is a wreck, give her position as accurately as possible.	
(n) Can she, in your opinion, be salvaged?	
(o) Explain fully how accident happened.	Use space provided on Pages 4 and 5.
(p) In your opinion was the accident caused by the fault of any person other than your Navigator? If 'Yes' give name, address and occupation of such person	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____
(q) Weather Conditions	_____

DAMAGE TO YOUR VESSEL

11. Please give details of damage (a detailed estimate of probable cost of repairs should be sent herewith)	_____ _____ _____
---	-------------------------

SHIP'S BOAT

12. If involved in accident, was she permanently marked with name of parent vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

DAMAGE TO THIRD PARTIES (Persons and property)

13. (a) Please give full details of injury and names and addresses of all persons concerned	_____ _____ _____
(b) Have any claims been made on you? If 'Yes' state amount	<input type="checkbox"/> Yes <input type="checkbox"/> No _____

WITNESSES

14. (a) Names and addresses (it is important that these are obtained)	_____ _____ _____
(b) Passengers in Vessel	_____ _____
(c) Independent Witnesses	_____ _____

OFFICIAL EVIDENCE

15. Did a Coast Guard, Harbour Official or other Officer witness the accident or take Particulars? Yes No
 If 'Yes' give name, officer's number and address. _____

REPAIRS TO YOUR VESSEL

16. (a) Where is she now lying and in whose charge? _____
- (b) Is she in Repairer's hands Yes No
 If 'Yes' give name of Firm _____
- (c) Have you obtained estimate for repairs Yes No
 If 'Yes' from whom? _____
 Amount _____

INSURANCE

17. (a) Do you hold more than one policy indemnifying you in respect of this accident? Yes No
- (b) If 'Yes' give name and address of Company. _____

SALVAGE

18. (a) If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances. _____

- (b) Give details of any claim received. _____

I/we hereby declare that the foregoing particulars by me/us are true in every respect:

Date _____

Signature _____

FOR OFFICE USE ONLY

POLICY NO:	CLAIM NO:	INCEPTION DATE:	1ST PREMIUM:
CLAIMS OFFICER'S NAME:		RENEWAL DATE:	RENEWAL PREMIUM:

Trident Insurance Financial Centre,
 Highway 7, Hastings, Christ Church, BB15154, Barbados, W.I
 Tel: (246) 431-2347 Fax: (246) 427-5750
 E-mail: trident@tridentins.com
 Website: www.tridentins.com

The Symbol of Protection

