

## **MARINE CLAIM FORM**

ALL QUESTIONS TO BE ANSWERED. NO SPACES TO BE LEFT BLANK.

(If not applicable give details/statement on a separate sheet)

INS	URED'S VESSEL	
1.	Full Name of Owner:	
2.	Address:	
3.	Email Address:	
4.	Telephone No.:	5. Mobile No.:
6.	Policy No.:	
7.	Was crew carried?	☐ Yes ☐ No
	If so give details of all crew members	
8.	Details of vessel	
	(a) Name	
	(b) Type	
	(c) Length	
	(d) HP	
	(e) Fuel	
	(f) Full value	
NA	VIGATOR	
9.	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.	
DET	AILS OF ACCIDENT	
10.	(a) Date	
	(b) Time	
	(c) Speed of your boat through the water	
	(d) Place	
	(e) Direction and speed of current	
	(f) Depth of water	
	(g) Windspeed	
	(h) Did your vessel comply fully with the "Rule of the Road at Sea"	

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?			
	(1)	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 salved?			
	(o)	Explain fully how accident happened.	Use space	ce provided on Pages 4 and 5.	
	(p)	In your opinion was the accident caused by the fault of any person other than your Navigator?	☐ Yes	□ No	
		If 'Yes' give name, address and occupation of such person			
	(q)	Weather Conditions			
DAB	400	E TO VOLID VESSEL			
11.	_	E TO YOUR VESSEL ase give details of damage (a detailed estimate of			
11.		bable cost of repairs should be sent herewith)			
		OAT			
12.	wi	involved in accident, was she permanently marked th name of parent vessel?	☐ Yes	∐ No	
DAN		E TO THIRD PARTIES (Persons and property)			
13.	(a)	Please give full details or injury and names and addresses of all persons concerned			
	(b)	Have any claims been made on you?	☐ Yes	□ No	
	(-/	If 'Yes' state amount			
WIT	NES	SES			
14.	(a)	Names and addresses (it is important that these are obtained)			
		,			
	(b)	Passengers in Vessel			
	/-\	Indopondont Witness			
	(c)	Independent Witnesses			
	(c)	independent withesses			

OFF	OFFICIAL EVIDENCE					
15.	W	id a Coast Guard, Harbour Official or other Officer ritness the accident or take Particulars? 'Yes' give name, officer's number and address.	☐ Yes	□ No		
REF	ΔIR	S TO YOUR VESSEL				
16.		Where is she now lying and in whose charge?				
	(b)	Is she in Repairer's hands If 'Yes' give name of Firm	☐ Yes	□ No		
	(c)	Have you obtained estimate for repairs If 'Yes' from whom? Amount	☐ Yes	□ No		
INS	URA	ANCE				
17.		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.				
SAL	.VAC	GE CONTRACTOR OF THE CONTRACTO				
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	e her	reby declare that the foregoing particulars by me/us are	e true in eve	ery respect:		
Date	Date Signature					

POLICY NO: CLAIM NO: INCEPTION DATE: 1<sup>ST</sup> PREMIUM:

CLAIMS OFFICER'S NAME: RENEWAL DATE: RENEWAL PREMIUM:

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The Symbol of Protection

STATEMENT	