

## MARINE CLAIM FORM

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

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

INSURED'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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____
NAVIGATOR	
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. _____
	_____
	_____
	_____
	_____
DETAILS 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?	
(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
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**DAMAGE 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? 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**

<b>POLICY NO:</b>	<b>CLAIM NO:</b>	<b>INCEPTION DATE:</b>	<b>1<sup>ST</sup> PREMIUM:</b>
<b>CLAIMS OFFICER'S NAME:</b>		<b>RENEWAL DATE:</b>	<b>RENEWAL PREMIUM:</b>

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