

# Hull and Machinery & Protection and Indemnity Claim Form

<b>Policy No:</b>	
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### IMPORTANT

- Please read the Claim Form fully prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact the Club.

### A. Insured Information

Name of Insured:	
Address:	
Phone Number:	
Email:	
Name of Insured Vessel:	

### B. Incident Details

Name of the operator at the time of accident:	
Phone Number:	
Relationship with the Insured:	
License no:	
Type of license (please provide copy):	
Qualification and experience in handling of the insured vessel:	

Was the incident reported to the Policy/Marine Department?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide copy of the statement.	

### C. Details of Accidents

Date:	
Time:	
Place:	
Weather & sea condition (e.g. visibility, water, wind, etc.):	
Speed of insured vessel:	
Who was on board the insured vessel?	
Witness:	
Purpose for which the insured vessel was being used:	
Detailed description on the occurrence of the Accident: (Use separate sheet if space is not enough)	
Sketch of the Accident: (Use separate sheet if space is not enough)	

## D. Third Party Information

Was there any injury to third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise the following:	
Name of injured person:	
Description of the injury:	
The role of the injured person in the accident:	
Contact details:	
Was there any damage to third party property ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise the following:	
Details of the damage property (e.g. vessel's name, registration no. etc.):	
Description of the damage:	
Name the property owner:	
Contact details:	
Has a claim been made on you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise the amount:	

## E. Own Damage Information

Was there any damage to the insured vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise the following:	
Description of the damage (please provide the relevant photograph):	
Current location of the insured vessel:	

Any estimate cost of repairs has been obtained from the repairer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide copy of the repair quotation.	

### F. Other Information

Was the insured vessel covered by any other insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please advise the following:	
Type of Insurance:	
Name of Insurer:	
Policy no:	
Please provide a copy of the insurance policy.	

### G. Important Note

Any communication including letter claim writ summons and process which the insured and / or insured party received in any way connected with this accident must be noticed and forwarded to us immediately upon receipt. You must not respond to any of them without the written consent of the Club.

No Admission, offer, payment or indemnity should be made in respect of liability for property damage, bodily injury or death without the written consent of the Club.

### H. Checklist Of Supporting Documents

1	Copy of Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Statement of Facts / Incident issued by Master	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	sketch of incident	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Ship's Accident Report issued by Port Authority (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	All Vessel's Statutory Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	All Vessel's Classification Certificates	<input type="checkbox"/> Yes <input type="checkbox"/> No

7	Crew List	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Port Clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Draught Survey Report (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Last Docking Report	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	Class's recommendation of repair after the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Copy Deck Log Book 1 month before the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Copy Engine Log Book 1 month before the incident	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	General Arrangement of the Vessel (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Shell Expansion of the Vessel (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Any other documentary evidence would be requested further (if necessary)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Declaration

I / We hereby declare that the foregoing particulars are true in every aspect, that I / we have not withheld from the Company any information within my / our knowledge connected with the accident and that I / we have no other policy indemnifying me / us in respect of this accident. It is also understood and agreed that the furnishing of this Report form to me / us by the insurance company does not constitute a waiver of their rights entitled under the terms and conditions of the Policy.

Signature	
Date	