

Marine Hull & Machinery Insurance Claim Form (Loss to Hull)

To be completed by the Insured

Incident Description

Date: _____

Time: _____

Location

Enclosed
 Inland
 Inshore
 Offshore
 Not known

Latitude: _____

Longitude: _____ (If known)

Type of Incident

- | | | |
|---|--|---|
| <input type="checkbox"/> Collision
<input type="checkbox"/> Of vessels
<input type="checkbox"/> With fixed object
<input type="checkbox"/> With a floating object
<input type="checkbox"/> With an animal
<input type="checkbox"/> With overhead object
<input type="checkbox"/> With submerged object
<input type="checkbox"/> With wharf

<input type="checkbox"/> Grounding
<input type="checkbox"/> Intentional
<input type="checkbox"/> Unintentional | <input type="checkbox"/> Capsizing
<input type="checkbox"/> Sinking
<input type="checkbox"/> Swamping
<input type="checkbox"/> Flooding
<input type="checkbox"/> Loss of vessel
<input type="checkbox"/> Structural failure
<input type="checkbox"/> Loss of stability
<input type="checkbox"/> Fire
<input type="checkbox"/> Explosion
<input type="checkbox"/> Person overboard | <input type="checkbox"/> Onboard Incident
<input type="checkbox"/> Falls within vessel
<input type="checkbox"/> Crushing/Pinching
<input type="checkbox"/> Other onboard injury

<input type="checkbox"/> Other Personal Injury
<input type="checkbox"/> Hit by person/vessel
<input type="checkbox"/> Skiing
<input type="checkbox"/> Parasailing
<input type="checkbox"/> Diving
<input type="checkbox"/> Other injury caused by operating vessel |
|---|--|---|

Severity

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Fatal Incident | <input type="checkbox"/> Major damage | <input type="checkbox"/> No damage |
| <input type="checkbox"/> Serious Injury | <input type="checkbox"/> Moderate damage | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Vessel lost | <input type="checkbox"/> Property damage only | |

Environmental Conditions

- | | | | | |
|---|---|--|--|---|
| Wind
<input type="checkbox"/> None
<input type="checkbox"/> Light (1>8 knots)
<input type="checkbox"/> Moderate (8>15 knots)
<input type="checkbox"/> Strong (15>30 knots)
<input type="checkbox"/> Storm (>30 knots)
<input type="checkbox"/> Not known | Wind Direction
<input type="checkbox"/> N
<input type="checkbox"/> NE
<input type="checkbox"/> E
<input type="checkbox"/> SE
<input type="checkbox"/> S
<input type="checkbox"/> SW
<input type="checkbox"/> W
<input type="checkbox"/> NW
<input type="checkbox"/> Not known | Water
<input type="checkbox"/> Calm
<input type="checkbox"/> Choppy
<input type="checkbox"/> Rough
<input type="checkbox"/> Very rough
<input type="checkbox"/> Strong current
<input type="checkbox"/> Not known | Visibility
<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor
<input type="checkbox"/> Not known | Weather
<input type="checkbox"/> Clear
<input type="checkbox"/> Hazy
<input type="checkbox"/> Cloudy
<input type="checkbox"/> Rain
<input type="checkbox"/> Flood
<input type="checkbox"/> Fog |
|---|---|--|--|---|

Contributing Factors

- | | | | |
|---|---|---|---------------------------------------|
| <input type="checkbox"/> Restricted visibility | <input type="checkbox"/> Wind/sea state | <input type="checkbox"/> Inadequate stability | <input type="checkbox"/> Machinery |
| <input type="checkbox"/> Bar conditions | <input type="checkbox"/> Tidal conditions | <input type="checkbox"/> Electrical | <input type="checkbox"/> Hull failure |
| <input type="checkbox"/> Wash of passing vessel | <input type="checkbox"/> Other | <input type="checkbox"/> Navigation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Floating or submerged object | | | |

Vessel Details

Vessel 1	Vessel 2																		
<p>Vessel 1</p> <p>Vessel owner details</p> <p>Owner's name <input style="width: 100%;" type="text"/></p> <p>Telephone (business hours) Telephone (after hours) <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>Vessel details</p> <p>Name of vessel <input style="width: 100%;" type="text"/></p> <p>Official Registration No. Registering Authority <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Length (m) Beam (m) Year built <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/></p> <p>Number of passengers on board Number of crew on board <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Type</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Commercial <input type="checkbox"/> Passenger <input type="checkbox"/> Non passenger <input type="checkbox"/> Fishing vessel <input type="checkbox"/> Hire & drive vessel </td> <td style="vertical-align: top;"> Recreational <input type="checkbox"/> Motor boat <input type="checkbox"/> House boat <input type="checkbox"/> Peddle (row) boat <input type="checkbox"/> PWC (jet ski) <input type="checkbox"/> Sailing boat <input type="checkbox"/> Other <input style="width: 100%;" type="text"/> </td> </tr> </table>	Commercial <input type="checkbox"/> Passenger <input type="checkbox"/> Non passenger <input type="checkbox"/> Fishing vessel <input type="checkbox"/> Hire & drive vessel	Recreational <input type="checkbox"/> Motor boat <input type="checkbox"/> House boat <input type="checkbox"/> Peddle (row) boat <input type="checkbox"/> PWC (jet ski) <input type="checkbox"/> Sailing boat <input type="checkbox"/> Other <input style="width: 100%;" type="text"/>	<p>Vessel 2</p> <p>Vessel owner details</p> <p>Owner's name <input style="width: 100%;" type="text"/></p> <p>Telephone (business hours) Telephone (after hours) <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>Vessel details</p> <p>Name of vessel <input style="width: 100%;" type="text"/></p> <p>Official Registration No. Registering Authority <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Length (m) Beam (m) Year built <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 30%;" type="text"/></p> <p>Number of passengers on board Number of crew on board <input style="width: 50%;" type="text"/> <input style="width: 50%;" type="text"/></p> <p>Type</p> <table style="width: 100%;"> <tr> <td style="vertical-align: top;"> Commercial <input type="checkbox"/> Passenger <input type="checkbox"/> Non passenger <input type="checkbox"/> Fishing vessel <input type="checkbox"/> Hire & drive vessel </td> <td style="vertical-align: top;"> Recreational <input type="checkbox"/> Motor boat <input type="checkbox"/> House boat <input type="checkbox"/> Peddle (row) boat <input type="checkbox"/> PWC (jet ski) <input type="checkbox"/> Sailing boat <input type="checkbox"/> Other <input style="width: 100%;" type="text"/> </td> </tr> </table>	Commercial <input type="checkbox"/> Passenger <input type="checkbox"/> Non passenger <input type="checkbox"/> Fishing vessel <input type="checkbox"/> Hire & drive vessel	Recreational <input type="checkbox"/> Motor boat <input type="checkbox"/> House boat <input type="checkbox"/> Peddle (row) boat <input type="checkbox"/> PWC (jet ski) <input type="checkbox"/> Sailing boat <input type="checkbox"/> Other <input style="width: 100%;" type="text"/>														
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Persons Involved

Vessel 1

Deceased or injured person

Name of deceased or injured person

Gender Male Female DOB / /

Telephone (business hours) Telephone (after hours)

Address

Injury status

Fatality Missing person
 Serious injury Minor injury (not requiring hospital)

Activity of injured or deceased

Person in charge (Master) Jet-ski
 Person at helm Surf ski/surfboard rider
 Crew Swimmer
 Passenger on vessel Diver
 Water-ski Para-flier
 Other

Master Details

Master's name

Gender Male Female DOB / /

Licence type and grade (e.g Master 5)

Licence number Issuing Authority

Issue date / / Expiry date (if applicable) / /

Address

Telephone (business hours) Telephone (after hours)

Watchkeeper/Person at the helm

Role Master Crew member Passenger

Name

Gender Male Female DOB / /

Licence type and grade (e.g Master 5)

Licence number Issuing Authority

Issue date / / Expiry date (if applicable) / /

Address

Telephone (business hours) Telephone (after hours)



Vessel 2

Deceased or injured person

Name of deceased or injured person

Gender Male Female DOB / /

Telephone (business hours) Telephone (after hours)

Address

Injury status

Fatality Missing person
 Serious injury Minor injury (not requiring hospital)

Activity of injured or deceased

Person in charge (Master) Jet-ski
 Person at helm Surf ski/surfboard rider
 Crew Swimmer
 Passenger on vessel Diver
 Water-ski Para-flier
 Other

Master Details

Master's name

Gender Male Female DOB / /

Licence type and grade (e.g Master 5)

Licence number Issuing Authority

Issue date / / Expiry date (if applicable) / /

Address

Telephone (business hours) Telephone (after hours)

Watchkeeper/Person at the helm

Role Master Crew member Passenger

Name

Gender Male Female DOB / /

Licence type and grade (e.g Master 5)

Licence number Issuing Authority

Issue date / / Expiry date (if applicable) / /

Address

Telephone (business hours) Telephone (after hours)

EXTENT OF DAMAGE/REPAIR DETAILS

1. What part of the Hull is/are damaged. List all the parts affected.

2. Is the damage repairable?

Yes State the estimated cost of repairs

No State the amount being claimed AND ignore the remaining questions in this panel

3. Were quotations obtained?

No Yes If so, was it Verbal Written (attach at least 3 copies)

4. Details of repairer (Main repairer as agreed with Adjusters)

Name

Telephone No Contact

5. Have repairs commenced?

No Yes If so, state commenced Date Name of authorising person

6. Indicate whether repairs will entail:

Penalty rates for overtime, night, holiday or shift work Express charges or airfreight of parts

7. Have any temporary repairs been made?

No Yes Describe the repairs

Cost:

8. Is there any additional work, other than the repairs as a result of damage, being completed while the plant is down?

No Yes Describe the repairs

Cost:

9. Have you paid the repair account? Yes No

OTHER INSURANCES ON THE LOST/DAMAGED ITEMS

Insurers Policy No

DECLARATION

I/we declare that to the best of our knowledge and belief the information in this form is true and correct and I/we have not withheld any relevant information required on this claim.

Signature of Insured or person with authority to sign for or on behalf of the Insured Date:

