



Private Pleasure Craft Claim Form

Policy No: Claim No.:
Intermediary:

Name of Insured: I.D. Card/Co.Reg. No.:

Postal Address:

Tel/Mobile No(s): E-mail:

Name of Person in charge at time of incident:

Name and Make of Class of Vessel:

Registration No.: Year of Manufacture:

Make, Year and HP of Outboard/Inboard Motor and Serial No.:

Date of Occurrence: Time: Place:

State weather conditions:

Beaufort Scale Wind Force and Direction: Was vessel racing?

Nature and extent of loss or damage to vessel:

Approximate cost of Repairs and/or Replacement:

An Estimate from a Firm of Repairers should be submitted as soon as possible

Explain fully how the loss or damage Occurred*:

* if necessary continue on the another sheet of paper and provide sketch

(if damage is caused by another vessel who you consider to be at fault, a copy if your letter holding the owner responsible for the incident should be forwarded to us with this for, together with details of third party insurance if known)

Where can the vessel be inspected?

Name, address and telephone number of selected repairer or yard:

Theft Claims

When was the loss or damage discovered?

When was property last seen?

Explain in detail how the thieves gained access:

Where the premises locked? Yes No

If 'No' describe how property was otherwise secured:

Name and telephone number of police station and name of police officer to whom the loss has been reported:

Outboard Motor

If not stolen from locked premises or other locked place of storage was outboard motor secured by anti-theft device in addition to its normal method of attachment?

Have any other steps been taken to recover the property?

Claims Lodged by Third Parties

If damage to any other vessel or property is involved give full details (and forward correspondence received)

Do you consider yourself responsible?

Names and addresses of witnesses:

Detailed list of items stolen to be submitted with this form. Written estimates for replacements to be provided as soon as possible.

Is insured able to reclaim VAT in connection with this? Yes No VAT Reg. No.

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- the disclosure by the Group, of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, Insurance intermediaries, the Malta Association of Credit Management (MACM), the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police and any public or private hospital or clinic, other healthcare providers of any kind or any person, body or authority authorised by law to receive personal data;
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Signature of Insured _____

Date

Name (in BLOCK letters) _____