



Before you complete this form we need to make you aware of our status and also important information about your duty to give information.

Admiral Marine Limited are Marine Insurance Specialists authorised and regulated by the Financial Conduct Authority (FCA). Our Financial Services Register Reference Number is 306002 and you can check our status in the register on the FCA website or by contacting them on 0800 111 6768 (freephone) or 0300 500 8082 from the UK, or +44 207 066 1000 from abroad.

Admiral Marine Limited acts in the capacity of an Underwriting Agent for the Underwriters noted on your Policy Schedule. Therefore with regards to your claim we will be acting on behalf of the Underwriters.

Conflict of interests

If you are concerned that there may be any conflict of interest during the handling of your claim, you may request to deal directly with Underwriters.

Your duty to give information

You must take reasonable care to answer all questions honestly and to the best of your knowledge, and if you volunteer any other information, you must ensure that the information is not misleading.

If any information that you have provided to us changes before you take out your insurance, during the life of the policy or at renewal, you must inform us of the change.

If you deliberately or carelessly misrepresent any information in relation to this insurance then your contract of insurance may not pay all, or part, of a claim and could in certain circumstances be avoided altogether.

Particulars of insured/owner	
Full Name	
Address	Tel No.
	Mobile No.
	Email
	Policy No.

Details of vessel / tender / outboard

Name
Year of manufacture

Value

Model
Engine(s) / HP

Length
Outboard Ser No.

AM03 - 09/22

01722 416 106 | yacht@admiralyacht.com | 4 Barnack Centre, Blakey Road, Salisbury SP1 2LP

Particulars of navigator/helmsman and crew			
Name and contact details of who was in charge of the Vessel at the moment the incident occurred?			
Particulars of that person's sailing qualifications an	d experience in handling craft		
Names, qualifications and experience of crew carried			
Details of incident			
Date	Time		
Location	Speed		
Wind Speed	Wind Direction		
Sea State	Visibility		

Depth of water

Useage Please indicate how the vessel was being used at the time of the incident

Private use Skipper Charter Bareboat

If racing, was a protest made? Yes No

What was the protest result?

Tide/Current

Circumstances of the claim		
Explain fully how the event giving rise to your claim occurred and who/what you believe is responsible for the damage (if necessary continue on a separate page and provide a sketch)		
Damage sustained to your vessel		
Nature and extent of loss or damage to your Vessel		
What is being done to minimise the loss or damage?		
Repairs to your vessel Please do not initiate repair until estimate has been approved		
Approximate cost of repairs and/or replacement		
Where can the Vessel be inspected? Details of desired repairer(s)		
Two estimates for the repairs and/or replacement should be submitted as soon as possible		

Details of theft			
Date	Time		
Location	Date when last inspected		
Name and contact details of who discovered theft			
In the case of the outboard motor, gear stored or franti-theft device(s) were fitted or used?	itted aboard, road trailer, what security precautions or		
anti-there device(s) were ritted or used:			
How was entry made and/or item(s) removed?			
In the event of theft, please provide contact detail has been reported	s of the police station you reported it to which the loss		
Crime Reference No			
In the event of property stolen/damaged Please list the items stolen/damaged			
Full description of the article (Make / Model / Ser N	No.) Date purchased or Approx. value		

age

Salvage				
If any salvage services have been rendered please give full details including names and addresses of those who claim to have rendered such service and under what circumstances				
Third parties				
Please provide full details of damage or injury and names and addre	esses of all persons	concerned		
Have any claims been made against you?	Yes	No		
If so, state amount				
Please note that if a claim has been received from a Third Party this should be merely acknowledged, stating the matter is receiving attention. Do not admit liability or make any offer or promise or payment. If a Third party is considered to be at fault, a copy of your letter holding the owner responsible should be forwarded with this form together with details of their Insurers if known.				
Witnesses				
Please provide names and contact details of any witnesses on board	the Vessel at the	time		
Please provide names and contact details of any independent witnesses at the time				
Declaration Describing of this decomposit I have be declared the	t all the above an			
Declaration By submission of this document, I hereby declare that all the above answers and particulars are true and complete in every respect.				
Name(s) in BLOCK capitals				
Signed Date				
Please provide further information on a separate sheet if necassary				
Please return the completed form to the Claims Manager either by:				

Fax: +44 (0) 1722 324455
Post: Admiral Marine Ltd, 4 Barnack Centre, Blakey Road, Salisbury SP1 2LP United Kingdom

Email:

claims@admiralyacht.com