



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 is registered in England, Company No. 02666794 and is an Appointed Representative of Hayes Parsons Limited which is registered in England, Company No. 00816448 at 1st Floor, One The Square, Temple Quay, Bristol BS1 6DG. Hayes Parsons Limited is authorised and regulated by the Financial Conduct Authority (FCA) to transact general insurance business. Their Financial Services Register number is 311881. If you would like to confirm the regulatory status of either firm, you may do so by visiting the FCA Register at www.fca.org.uk/register or by contacting the FCA on 0800 111 6768, or (+44) 20 7066 1000 for calls from outside the UK.

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 |
| Make | Value |
| Model | Engine(s) / HP |
| Length | Outboard Ser No. |

AM04 - 12/25

| 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) | | |
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| | | |
| 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: | | | | |

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Email:

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