

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

Make

Value

Model

Engine(s) / HP

Length

Outboard Ser No.

## 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 and 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
Tide/Current	Depth of water

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

Private use	Skipper Charter	Bareboat
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If racing, was a protest made?	Yes	No
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What was the protest result?

## 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**

Are you able to reclaim the V.A.T. content of the repair costs?

Yes

No

## 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 fitted aboard, road trailer, what security precautions or anti-theft device(s) were fitted or used?

How was entry made and/or item(s) removed?

In the event of theft, please provide contact details of the police station you reported it to which the loss has been reported

Crime Reference No

## IN THE EVENT OF PROPERTY STOLEN/DAMAGED Please list the items stolen/damaged

Full description of the article (Make / Model / Ser No.)

Date  
purchased or  
age

Approx. value

## 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 addresses 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** 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 SEPERATE SHEET IF NECESSARY**

Please return the completed form to the Claims Manager either by:

Email: [claims@admiralyacht.com](mailto:claims@admiralyacht.com)

Fax: +44 (0) 1722 324455

Post: Admiral Marine Ltd, 4 Barnack Centre, Blakey Road, Salisbury SP1 2LP United Kingdom