

Policy No:



Claim Ref:

NAVIGATORS & GENERAL

YACHT & MOTORBOAT INSURANCE Loss or Theft Claim Form

(Before completing this claim form, please read the notes on page 4.)

Please complete all shaded areas and amend any pre-completed information, which is incorrect. **Please initial any changes.** After reading the declaration please sign and date the form and return it to: PO Box 848, Brighton BN1 3GQ or your insurance intermediary

INSURED'S DETAILS	
Insured:	
Address:	Telephone No.
	Mobile No.
	E-mail address.
Contact Details: (if different from above)	Telephone No.
	Mobile No.
	E-mail address
Vessel name:	Value of Vessel and accessories
Vessel Type:	Value of outboard motors
Policy Excess:	Ships boats and tenders
Reduced Item Excess:	Value of trailer
Mooring:	Personal effects
	TOTAL VALUE INSURED
DETAILS OF LOSS/THEFT:	
Date loss discovered:	Time: Location:
When was vessel last inspected prior to loss?	Was the Vessel fully fitted out?
If Tender how was it marked with name of parent vessel	
Who discovered the Theft? Give name and address.	
How was entry made/or item removed?	
If loss involves outboard motor, road trailer or gear stored/fitted aboard, what security precautions or devices were employed?	
Who was in charge of your vessel? Give name and address:	

DETAILS OF LOSS/THEFT CONTINUED:

If gear, etc stored separately ashore, give the following information:

Name and location of storage:

What security was in force?

When did you last inspect the same?

Were the premises occupied and under supervision?

Give any other details relevant to this loss:

DAMAGE TO YOUR VESSEL

Please give details and complete Statement of Claim:

REPAIRS TO YOUR VESSEL:

Where is she lying and in who's charge? Give Name, Address and Telephone No.

Have you obtained an estimate for repairs?

If so from whom?

Amount £

Please forward an estimate as soon as possible or attached to this form.

OFFICIAL EVIDENCE:

Please advise the address of the Police Station to which theft has been reported and crime reference number or details of officer making entry:

N.B. An immediate report must be made to the Police Station nearest to the location of the theft.

Insurance:

Do you hold another policy indemnifying you against this loss/accident? If yes, please give full details, or attach a photocopy.

Yes/No

Value Added

Can you recover VAT in connection with your vessel?

Yes/No

Tax:

If yes, please enter your VAT number.

STATEMENT OF CLAIM:

Description of property stolen, lost destroyed or damaged with model and serial no.

Are you the sole owner?

Date of Manufacture.

Date purchased or acquired.

Price Paid

Net amount claimed

Please use a separate page for answers where insufficient space has been allowed. Clearly identify the questions concerned in each case.

If damage resulted from a collision, please use a separate page to sketch a diagram showing, (a) Before the impact: (b) At the time of impact: (c) After the Impact. Include wind speed and direction and tide if relevant.

DECLARATION: Please insure all relevant questions have been answered.

I/We believe that the facts stated in this claim form are true.

Assured's Signature(s):

Date:

Our aim is to handle claims as simply and sympathetically as possible in an effort to ensure your total satisfaction. The notes are designed to help you should you have to make a claim.

- 1 In the unfortunate event of damage or loss being sustained you should report the circumstances as soon as possible to your insurance advisor, or to us, including the amount that is likely to be involved and whether the claim is likely to be enhanced by delay e.g. where machinery, electrics, furnishings etc. have been flooded by sea water. Any theft or malicious damage should be reported promptly to the Police and the Crime Number noted.

PLEASE NOTE

- that if the damage is likely to be enhanced by delay you are required to take **immediate steps** to protect your property or minimise any damage. Please act as if you were not insured, and advise us of the action you have taken as soon as possible.
 - that you have to show that the damage or loss sustained is caused by one of the risks covered by the policy, and that the cost of repairs/replacements is reasonable.
 - that you are responsible for making all arrangements for recovering/repairing your Craft, and paying the firms concerned. Only you can give instructions for anything to be done. Where we instruct a surveyor he will assist whenever possible by putting you in touch with boatyards, repairers or suppliers so that you can obtain estimates.
 - that if the accident has resulted in personal injury or damage to property of Third Parties **do not admit liability** or instruct Lawyers (completing penalty forms and expressing normal concern will not prejudice your position). Please forward full details to us as soon as possible after the occurrence. It is important to obtain names and addresses of independent witnesses whenever possible.
 - that if towage or salvage services are essential to protect the insured craft from serious damage try to agree a realistic set fee before acceptance, if this is possible. If not you should agree to or request a Lloyds Standard Form of Salvage Agreement. Remember we will not be able to reimburse the cost of towage or salvage services unless these were incurred in preventing or minimising a loss by an insured peril.
- 2 On receiving this report we will send an acknowledgement quoting the claim number, which should be used in future communications with us. If we decide to instruct a Surveyor to inspect the damage or investigate the loss we will give his name, address and telephone number to your broker or yourself and normally ask the Surveyor to contact you.
 - 3 You should fully complete the relevant sections of this claim form and return it to us as soon as possible, with a detailed estimate if available. The return of the claim form should not be delayed whilst you await an estimate as the claim can be registered in the meantime. This ensures minimum delay once the estimate arrives. Where you were not present when the loss occurred tell us what you believe to be the most likely cause and why.
 - 4 When we have had an opportunity to examine your claim form and the estimate, with the Surveyor's report if applicable, we will write to you giving our views on your claim and the estimate. We would point out that if the costs are more than £1,000 we will normally require at least one other estimate and you or your representative will be asked to obtain this. We will normally approve the lowest estimate unless there is a good reason not to. When we give our approval to an estimate you may give instructions to the repairers to proceed or the suppliers to supply.
 - 5 When the repairs have been completed, or the replacements supplied to your satisfaction, the receipted invoice/s should be submitted to us. We will then arrange reimbursement in accordance with the policy conditions. Where you have not paid the invoice we will send you a cheque payable to the repairers / suppliers for you to hand over to them. If you would prefer us to arrange the payment of our contribution directly to the repairers or suppliers this can be arranged on our receiving a written request from you. We would point out that a direct payment does not make us a party to a repair or supply contract.

NAVIGATORS AND GENERAL is a trading name of Zurich Insurance plc. A public limited company incorporated in Ireland. Registration No. 13460. Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland. UK branch registered in England and Wales Registration No. BR7985. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ. Authorised by the Irish Financial Regulator and subject to limited regulation by the Financial Services Authority. Details about the extent of our regulation by the Financial Services Authority are available from us on request. FSA registration number 203093. These details can be checked on the FSA's register by visiting their website www.fsa.gov.uk/register or by contacting them on 0845 606 1234.

Correspondence Address: PO Box 848, Brighton BN1 3GQ. Tel: 01273 863400, Fax: 01273 863401.
Website: www.navandgen.co.uk Email: enquiries@navandgen.co.uk

Communications may be recorded or monitored to improve our services and for security and regulatory purposes.

CLFIFHT.09.10