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**MARINE HULL CLAIM FORM**

1. INSURER
2. NAME OF ASSURED: ……………………………………………………………………………………………...……………………
3. CLAIMANT: …………………………………………………………………………………………………………………………...……
4. ADDRESS: ……………………...……………………………………………………………………………………...…………………
5. NAME OF BOAT/VESSEL: ……………………………………………………... REG NO ………………………………….…….….
6. TONNAGE…………………………………………………………………………………………………………………………………
7. DATE OF SAILING:………………………………………………………...........…TIME:…………………..………………………….
8. PURPOSE: …………………………………………………………………..…………………………………………………………..
9. LOCATION OF LOSS: ………………………………………………………………………………………………………………….
10. DATE OF LOSS: ………………………………………………………………………………….......................................................
11. TIME OF LOSS: …………………………………………………………………………………………………………….
12. NAME OF CAPTAIN: …………………………………………………………………………....................................
13. NAME OF ENGINEER: ………………………….…………………………………………………………………………
14. DESCRIPTION OF THE ACCIDENT/LOSS: …………………………………………………....................................

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1. IS ANY THIRD PARTY INVLOVED: ……………………………………………………………………………………...
2. (IF YES GIVE) THIRD PARTY NAME: …………………………………………………………………………………...
3. ADDRESS: …………………………………………………………………………………………………………………..
4. THIRD PARTY'S INSURERS/POLICY NO/ADDRESS: ………………………………………………………………..

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1. DATE OF LAST SERVCE: …………………………………………………………………………………………………
2. REPAIR GARAGE/YARD: …………………………………………………………………………………………………

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1. NAME OF SALVORS: ……………………………………………………………………………………………………...
2. ADDRESS: …………………………………………………………………………………………………………………..

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1. WHO IS TO BE BLAMED FOR THE ACCIDENT/LOSS: ………………………………………………………………

…………………………………………………………………………………………………………………………………

1. ANY INJURY/DEATH? ……………………………………………………………………………………………………..
2. IF YES GIVE NAME(S): ……………………………………………………………………………………………………
3. IS THE MATTER REPORTED TO THE POLICE: ………………………………………………………………………?
4. STATE ESTIMATED COST OF REPAIRS: ……………………………………………………………………………...

(PLEASE ATACH 2 QUOTATIONS)

1. I/WE HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY/ OUR KNOWLEDGE AND BELIEF.

DATE: ……………………………… ASSURED'S SIGNATURE: ………………………………………………………