



MARINE HULL INSURANCE CLAIM FORM

The issue of this form is not to be taken as an admission of liability by Alliance Insurance Company

Policy Number:

Expiry Date:/...../.....

1. The Insured Details

Given Name(s) Surname

Company name.....

Contact phone Email

Occupation

Postal address

2. Details of the Vessel Insured

Name of Vessel / Identity mark.....

Make / Model of Hull

Type of Construction Year of Construction

Engine Type Horse Power

Reg Number Engine & Serial No.....

3. Details of the Claim

Date/...../..... Timeam/pm

Place

Please give full details of the circumstances

Speed at time of accident

Weather conditions at time of accident.....

Was the vessel involved in racing? Yes No

Who was in control of the vessel?.....

Licence Number

Please give full details of the damage

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3. Details of the Claim – (Continued)

Estimated cost of repairs
Location of vessel for inspection
No. Of passengers on board at the time of the incident
Was anyone injured? Yes..... No.....
If yes, provide details
.....
Has the incident been reported to any authority? Yes..... No
If yes, to whom?.....
Date/ /.....Time am/pm

Authority / Police Report number.....
Were there any independent witnesses to the incident? Yes..... No
If yes, give details
.....
Name and address of any negligent party

Given Names Surname
Home Phone Work Phone
Postal Address
.....

4. Payment Information

To quickly process any payments relating to your claim, please supply the following:
Account Name
Branch Account Number

5. Declaration

I/we declare that the information given in this form is true and correct to the best of my/our knowledge and that no information relevant to this claim has been withheld or concealed or is in any way misleading. Fraudulent information may result in prosecution and denial of my/our claim

Name & Signature:

Date/..... /.....