

## Yacht & Pleasurecraft Claim Form

### 1. ASSURED

- |                     |                        |
|---------------------|------------------------|
| a) Name of Assured: | Policy No:             |
| b) Name of Vessel:  | Vessel Type and Value: |
| c) Address:         |                        |
| d) Tel No: (Home)   | (Work) (Mobile)        |
| e) E-mail:          |                        |

### 2. MAIN PARTICULARS OF INCIDENT (Please note : A full and detailed statement is required on page 4)

- |   |   |
|---|---|
| a) Date:  | Time:   |
| b) Location:  |   |
| c) Wind Speed:  | Wind Direction:   |
| d) Sea Condition:   | Calm <input type="checkbox"/> Moderate <input type="checkbox"/>                         |
|   | Rough <input type="checkbox"/> Storm <input type="checkbox"/>                           |
| e) Speed of Vessel through water:   |   |
| f) Person in control of the vessel at time of loss/incident:  |   |
| g) No. of years experience:   | Qualifications:   |
| h) How many people (Including Skipper) were on the vessel at the time of Loss/Incident?<br>(Please provide contact details in Section 11) |   |
| i) For what purpose was the vessel being used ?   | Private use <input type="checkbox"/> Skipper Charter <input type="checkbox"/>           |
|   | Bareboat Charter <input type="checkbox"/> Other (Please State) <input type="checkbox"/> |

### 3. SUMMARY OF CAUSE AND ACTIVITY (Please note : A full and detailed statement is required on page 4)

- |                 |  |   |   |
|-----------------|--|---|---|
| <b>CAUSE</b>    | <input type="checkbox"/> Theft                 | <input type="checkbox"/> Fire             | <input type="checkbox"/> Collision                    |
|                 | <input type="checkbox"/> Grounding             | <input type="checkbox"/> Sinking          | <input type="checkbox"/> Storm Damage                 |
|                 | <input type="checkbox"/> Wind Damage           | <input type="checkbox"/> Water Damage     | <input type="checkbox"/> Machinery Damage             |
|                 | <input type="checkbox"/> Negligence            | <input type="checkbox"/> Malicious Damage | <input type="checkbox"/> Accidental Loss              |
|                 | <input type="checkbox"/> Other (Please State): |   |   |
| <b>ACTIVITY</b> | <input type="checkbox"/> Moored                | <input type="checkbox"/> Repairers Yard   | <input type="checkbox"/> Underway                     |
|                 | <input type="checkbox"/> Road Transit          | <input type="checkbox"/> On Tow           | <input type="checkbox"/> Racing/Under starters orders |
|                 | <input type="checkbox"/> Anchored              | <input type="checkbox"/> Laid up Ashore   | <input type="checkbox"/> Laid up Afloat               |
|                 | <input type="checkbox"/> Demonstration         | <input type="checkbox"/> Water-skiing     | <input type="checkbox"/> Berthing/Docking             |
|                 | <input type="checkbox"/> Other (Please State): |   |   |

### 4. BRIEF SUMMARY OF INCIDENT (Please note : a full and detailed statement is required on page 4)

### 5. SUMMARY OF CLAIMED LOSS/DAMAGE

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Total/Constructive Loss | <input type="checkbox"/> Machinery Damage         | <input type="checkbox"/> Mast, Spars, Rigging, Sails |
| <input type="checkbox"/> Trailer                 | <input type="checkbox"/> Outboard Motor           | <input type="checkbox"/> Third Party Liability       |
| <input type="checkbox"/> Salvage                 | <input type="checkbox"/> Hull Damage              | <input type="checkbox"/> Propeller/Shaft only        |
| <input type="checkbox"/> Tender/Dinghy           | <input type="checkbox"/> Personal Effects         | <input type="checkbox"/> Equipment                   |
| <input type="checkbox"/> Keel/Rudder             | <input type="checkbox"/> Personal Accident/Injury | <input type="checkbox"/> Other (Please State)        |



**10. VESSEL**

a) Where can the vessel be inspected?

Contact person:

Telephone No.:

Fax No.:

b) Have estimates for cost of repairs been obtained:                      Yes [ ]                      No [ ]

If yes, estimated cost of repairs:

c) Name and Address of repairer:

Telephone No.:

Fax No.:

**(A copy of the estimate to be provided)**

**11. WITNESSES**

Names, address and telephone numbers of all crew, passengers and other persons who witnessed the incident:

a)

b)

c)

d)

e)

**12. GENERAL**

a) In respect of the risks covered by this insurance, has any loss, damage or liability arisen, whether insured or not in the last 10 years?                      Yes [ ]                      No [ ]

If yes, please give details of circumstances of loss, date and costs incurred:

b) Is there any other insurance which covers any of the risks associated with this claim?                      Yes [ ]                      No [ ]

If Yes, please give details below:

**13. FULL DETAILS OF INCIDENT (if you have insufficient space, please use a supplemental sheet)**

Please provide a detailed statement setting out the circumstances of the loss/incident including all matters and information material to this loss.

Please provide a diagram to aid your explanation.

I/We hereby declare that the above statements and particulars are, to the best of my knowledge and belief, true and correct in every respect. I/We have not withheld any material information relative to this claim.

**SIGNED:**

**DATE:**

**FULL NAME:**

**(if signing on behalf of a company, please state your status within the company where indicated below)**

**STATUS:**

**Once complete, please return this claim form to:**

**RSA Marine Claims  
Leadenhall Court  
1 Leadenhall Street  
London  
EC3V 1PP**