

Marine - Particulars of Accident to Yacht or Motor Boat (NI)

1 Assured's vessel

Full name of owner(s): _____
Address: _____
Postcode: _____
Policy No.: _____
Name of vessel: _____
Value: _____
Names of crew carried: _____

2 Navigator

Who was in charge of your vessel when the accident occurred?

Give name and address together with particulars of qualifications and experience in handling craft.

3 Damage to your vessel

Details of damage/repairs (a detailed estimate of probable costs of repairs should be sent herewith)

Where is the vessel/equipment available for inspection?

5 Official Evidence

Name and addresses (it is important that these should be obtained)

Crew/passengers in insured vessel:

Four rows of horizontal lines for recording names and addresses of crew/passengers.

Independent Witnesses:

Four rows of horizontal lines for recording independent witnesses.

Did a coastguard, harbour official, or other officer witness the accident or take particulars?

Five horizontal lines for providing a response to the witness question.

6 Damage to Third Parties Crew/Passengers on insured Craft (Persons & Property)

Full details of damage or injury and names and addresses of all persons concerned:

Multiple horizontal lines for providing full details of damage or injury and names and addresses of all persons concerned.

Have any claims been made on you?

Two horizontal lines for providing a response to the claims question.

If so, state amount

£

Two horizontal lines for stating the amount of any claims.

Note: If a claim has been received from a Third Party same should be merely acknowledged, stating the matter is receiving attention. Do Not Admit Liability or make any offer or promise of payment. N.B. – All communications from third parties should be forwarded immediately to the company for attention.

7 Salvage

If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances:

8 Racing

To be completed if vessel was racing at time of accident

Details of race: _____

Sum insured on racing risks: _____

Has protest been lodged? _____

Racing rules applicable: _____

Result of protest: _____

Is an appeal contemplated? _____

If no protest, give reason: _____

To be completed in the event of damage to or loss of engine/outboard motor

Make of engine/motor: _____

H.P.: _____

Engine Number: _____ Year of manufacture: _____

Date of Purchase: _____ Price Paid: _____

9 Theft

Please confirm that ship's boat was permanently marked with the name of the parent vessel:

I/we declare that the above particulars are true to the best of my/our knowledge.

Data Protection Act – collection and use of personal information

The information you provide to Us when you report an accident/make a claim will be collected and used by Us to process your claim. Allianz p.l.c. is the data controller in respect of all such information, and references to We and Us in this statement shall be construed accordingly.

USES. Information you supply may be used for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers, and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.

DISCLOSURE. We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about you and your claims history. We may also pass information to the Claims and Underwriting Exchange run by Insurance Database Services Ltd. The aim is to help us to check information provided and also to prevent fraudulent claims. We may in certain circumstances use private investigators to investigate a claim.

SENSITIVE DATA. We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions etc.) in order to administer your claim. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention).

RETENTION. We will retain your records for 6 years from the date your claim is settled. In certain circumstances we will retain your information for longer periods if this is required under specific insurance legislation.

CONSENT. By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including processing, claims handling, reinsurance and fraud prevention).

CALL RECORDING: Calls may be recorded or monitored for regulatory, training and quality purposes.

Policyholder's Signature:  _____ Date: _____

Please answer every question fully

Signature of Third Party:  _____ Date: _____

(if applicable)