

Marine: Particulars of Accident to Yacht or Motor Boat

Assured's Vessel

Full Name of Owner(s):

Address:

Policy No.

Name of Vessel / Value

Names of Crew Carried

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

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?

Details of Accident

Date Time Place

Speed of your boat through the water If relevant, please state weather conditions

Please state purpose for which vessel was being used at time of accident

Have you reported to Receiver of Wrecks or other officials? YES NO

If vessel is a wreck, please give position as accurately as possible

Can vessel, in your opinion, be salvaged? YES NO

Explain fully how accident happened (use space overleaf if necessary). Please complete sketch form on rear

(continue overleaf)

Details of Accident

(continued from overleaf)

In your opinion, who was responsible for the accident? If other than your navigator, give name, address and occupation of such person

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

Have any claims been made on you?

YES

NO

If so, state amount:

€

NOTE: If a claim has been received from a third party same should be merely acknowledged, stating the matter is receiving attention.

Do not disclose the fact that insurance exists and do not admit liability or make an offer or promise of payment.

N.B. All communications from third parties should be forwarded immediately to the company for attention.

Witnesses

Names and addresses (it is important that these should be obtained) Crew/Passengers in Insured Vessel

Independent Witnesses

Official Evidence

Did a Coastguard, Harbour Official, or other Officer witness the accident or take particulars?

Racing

To be completed if vessel was racing at time of accident

Details of Race

Sum Insured on Racing Risks

Has protest been lodged? YES

NO

Racing Rules applicable YES

NO

Result of protest

Is an appeal contemplated? YES

NO

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.

Year of Manufacture

Engine Number

Result of protest

Date of Purchase

Price Paid

Theft

Please note that in the case of Theft a Garda Report Form must be completed

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

I hereby declare that the above answers and particulars are true and complete in every respect.

Data Protection Acts – 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, bankruptcies 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. This includes Insurance Link, the Irish Insurance Federation's anti-fraud claims matching database. 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. Under the Consumer Protection Code we are obliged to 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.

Signature of Policyholder:

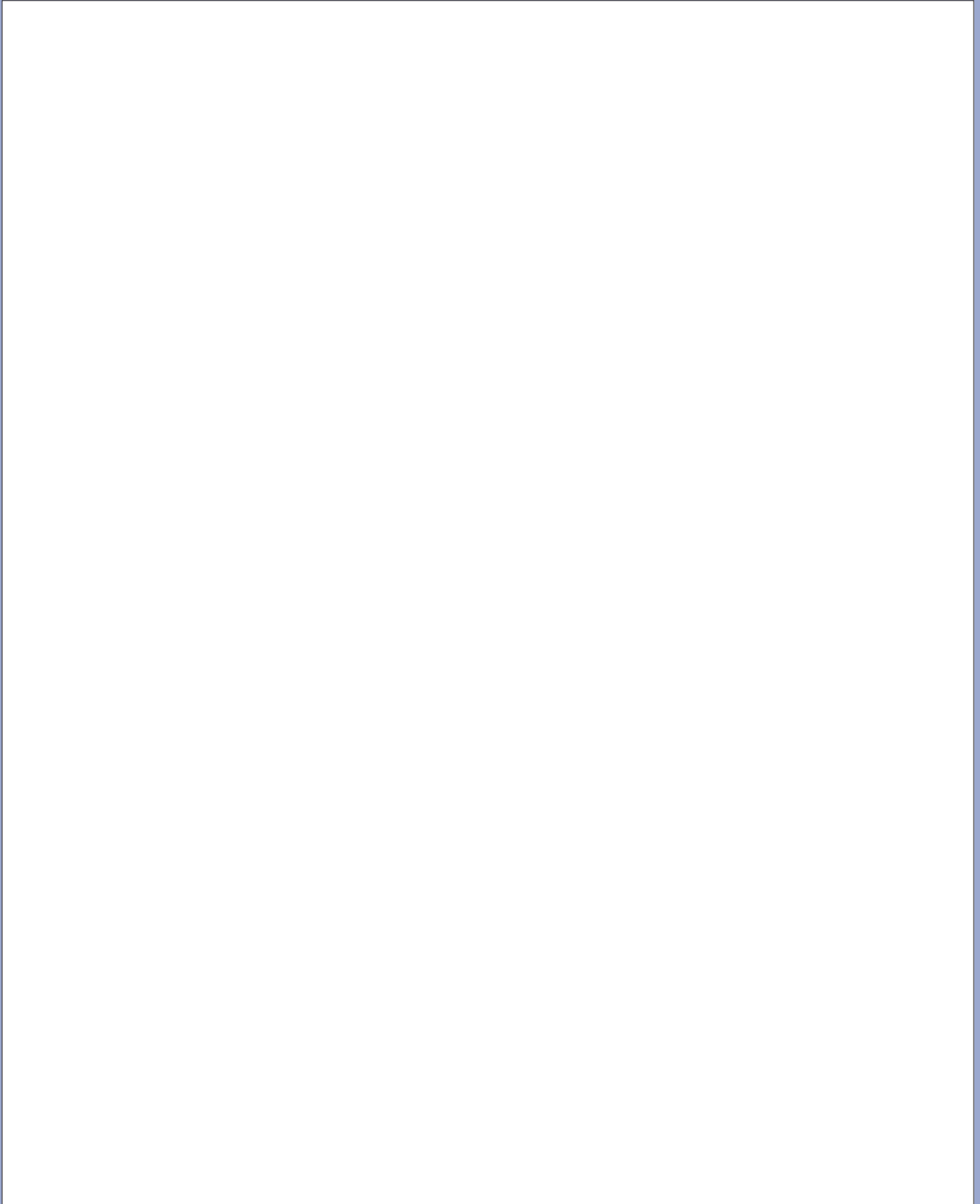
Date

Signature of Third Party:
(if applicable)

Date

Please answer every question fully and attach your policy.

Sketch



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