

Third Party Liability / Yacht Claim Form

Claim No.:

Policy Holder

Name/Company Name:

Address:

Daytime Telephone No.:

Mobile:

Home Telephone No.:

E-mail:

Customer No.:

Policy No.:

Vessel

Type of Vessel:

Vessel Name:

Date and time of the incident or injury?

Location of the vessel when the incident or injury occurred?

Weather conditions at time of incident or injury?

Name/Address/Phone of the injured or other party involved:

If the injured or other party involved is a minor please provide the Parent or Guardian details:

How many people were on board the vessel at the time of the incident or injury? Include the names of witnesses.
(Attach any witness statements to this form)

Were the Police, Coast Guard or ambulance called? Yes No

What measures were taken to assist the injured party?

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Provide a description, in detail, of how the incident or injury occurred:

We would like to point out that a fraudulent or exaggerated claim may result in a complete loss of any entitlement under the policy.

Date:

Signature:

Print Name:

