

Which police station recorded the damage?
(Please give record no./file reference,
address, point of contact and tel. no.)

Incident witness(es)
(Please give name, address and tel. no.)

Which parts were damaged?

What is the total sum of the damage being
claimed?

Do you consider the amount for the damages, after
careful review, to be justified?
If not, why not?

Did the claimant cause the damage possibly
him/herself and to what extent?

Who, in your opinion, was at fault and to what
extent?

Do you consider yourself to be liable to pay
compensation and why?

Where is the damaged boat/the damaged item to
be viewed?
(Please give address and tel.no.)

Policyholder

Daytime tel.: _____ Tel. evenings: _____ Mobile tel.: _____

Fax: _____ e-mail: _____

Account no.: _____ IBAN: _____

Finance institute: _____ BIC: _____

Details of the policyholder's vessel:

Manufacturer / Shipyard:
.....

Type:
.....

Name of the yacht:
.....

Sail No.:

Registration No.:
.....

Year built:
.....

Building material:
.....

Motor manufacturer:
.....

Engine / Gearbox / Outdrive manufacturer:
.....

Motor No.:
.....

Type of drive unit:
Rigid shaft Outdrive

Claimant (Damaged party)

Name: _____ Address: _____

Daytime tel.: _____ Tel. evenings: _____ Mobile tel.: _____

Fax: _____ e-mail: _____

Account no.: _____ IBAN: _____

Finance institute: _____ BIC: _____

Details of the claimant's vessel:

Manufacturer / Shipyard: Type:

Name of the yacht: Sail No.:

Registration No.: Year built:

Building material: Motor manufacturer:

Engine / Gearbox / Outdrive manufacturer: Motor No.:

Type of drive unit:
Rigid shaft Outdrive

Is the claimant related to you or does he/she live with you? Yes No

Do you agree to the damages possibly being paid to the claimant? Yes No

Is the claimant subject to turnover tax? Yes No

I am aware that deliberately untrue or incomplete details can also then lead to the loss of insurance cover, if the insurer does not incur any disadvantage as a result.

Place, date

Signature of the policyholder
