

Bavaria AG  
Spezialmakler für Yacht- und  
Luftfahrzeugversicherungen  
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## CLAIM FORM – YACHT HULL

### Address of policy holder:

Name:

.....

Street:

.....

ZIP Code / City:

.....

Country:

.....

Policy No. ....

### Notes on behaviour in the case of a damage incident:

Keep the damage as low as possible! Take photos and obtain a cost estimate. Without having agreed it with us, do not commission a repair order!

### Details off he vessel:

Manufacturer / Shipyard:

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Type:

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Name of the yacht:

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Sail No.:

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Registration No.:

.....

Year built:

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Building material:

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Length / Beam / Draft:

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Engine / Gearbox / Outdrive manufacturer:

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Motor No.:

.....

Type of drive unit:

Rigid shaft  Outdrive

Permanent berth / Home port:

.....

### **Damage incident**

When and where did the damage occur? On \_\_ / \_\_ / \_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

How did the damage occur? (Please fill in legibly in capital letters. We request a detailed description of the damage events. If necessary, please include a sketch.)

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

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

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How much does the total damage amount to?

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Which parts were damaged?

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### For burglary/theft/vandalism

How were the stolen items secured?  
Please draw a sketch if necessary.

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In the case of the theft of the (dinghy) boat:  
What particular characteristics did the boat have?  
Please make a photo available to us if possible and  
describe the boat exactly.

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In the case of the theft of the trailer:  
Please specify manufacturer, type, chassis number  
and year of manufacture

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Which items were damaged/stolen?  
(Please give date of purchase and price and  
attach bills)

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### How can we contact you?

Daytime tel.: \_\_\_\_\_ Tel. evenings: \_\_\_\_\_ Mobile tel.: \_\_\_\_\_

Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Your account details

Account no.: \_\_\_\_\_ Bank sort code: \_\_\_\_\_

Finance institute: \_\_\_\_\_ BIC: \_\_\_\_\_

IBAN: \_\_\_\_\_

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

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