

Claim No.

# Yacht & Motorboat Insurance Claim Form

Please complete and return this form as soon as possible particularly if a third party is involved.

It is in your own interest to give the fullest details possible as this will enable us to deal with your claim with the minimum delay.

It is your responsibility to arrange for repairs, but you should consult us before instructing a repairer unless this would involve a delay leading to further deterioration.

## Policy/Certificate Details

|                    |                                            |                                         |
|--------------------|--------------------------------------------|-----------------------------------------|
| Policy No.         | Insurance scheme Cert. No. (if applicable) | If this is not provided delay may occur |
| Full Name of Owner |                                            | Occupation                              |
| Address            |                                            |                                         |
| Email              | Post Code                                  | Tel No.                                 |
| Name of Vessel     |                                            | Date built                              |
| Class or Type      | Length                                     | Sail No.                                |
| Full Value £       | H.P.                                       | Fuel                                    |

## Insurance

Do you hold another policy indemnifying you against this loss/accident?

### Value Added Tax (this question only applies to your vessel)

Are you registered and accountable for VAT? State YES or NO

If YES, please state VAT Registration No.

What is your Tax Status? Tick appropriate box (a) Positive or zero rated  (b) Partially exempt  (c) Exempt

## Details of Loss/Theft Please complete Statement of Claim on page 3 (if an accident see section overleaf)

Date loss discovered

Time

Place

When was vessel last inspected prior to loss?

Was the vessel fully fitted out?

If ship's boat how was it marked with name of parent vessel?

Who discovered the theft? Give name and address

How was entry made and/or the item removed?

If loss involves outboard motor, road trailer or gear stored or fitted aboard, what security precautions or devices were used?

Who was in charge of your vessel? Give name, address and occupation

If gear, etc. stored separately ashore, give following information:

(a) Name of firm and address

(b) In whose possession was key of store?

(c) When did you last inspect same?

(d) Were premises occupied and under supervision?

Give details of any other circumstances relevant to this loss

Please advise address of Police Station to which theft has been reported and Crime Reference No. or details of Officer making entry

N.B. An immediate report must be made to the Police Station nearest to the location of the theft.





## Sketch

If damage resulted from collision show relative positions. (a) before impact: (b) At the time of impact (c) After impact.  
Show in the sketch direction and speed of wind and tide and position of any other craft or objects which affected your manoeuvres even though not directly involved in the incident.

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**NAVIGATORS  
& GENERAL**  
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& GENERAL**

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**Navigators and General – Brighton**

PO Box 3707, SN4 4AX Tel 01273 863400 Fax 01273 863401  
email [enquiries@navandgen.co.uk](mailto:enquiries@navandgen.co.uk) [www.navandgen.co.uk](http://www.navandgen.co.uk)

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We thank you for your communication. Please return the completed form with supporting documentation to ▼

or to:  
**CLAIMS DEPARTMENT  
Navigators and General – Brighton  
PO Box 3707, Swindon, SN4 4AX  
FAX 01273 863404  
TELEPHONE 01273 863450**