

Address of policyholder

CLAIM FORM – YACHT THIRD PARTY LIABILITY

Policy no.

Notes on behaviour in the case of a damage incident:
 Take **photos** of the damage. Have a **cost estimate** prepared. The policyholder is **not entitled, to recognise claims nor to settle same.** In response to a **payment order, an objection is to be lodged before the due date.**

⇒ **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.)

⇒ 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?

Please turn over

⇒ 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:	Type of drive unit: Rigid shaft <input type="checkbox"/> Outdrive <input type="checkbox"/>	
Motor manufacturer:	Gearbox/outdrive manufacturer:	Motor-no.:	

⇒ **Claimant (Damaged party)**

Name: _____ Address: _____

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

Fax: _____ E-mail: _____

Details of the claimant's vessel

Manufacturer/Shipyard:		Type:	
Name of the yacht:		Sail no.:	Registration no.:
Year built:	Building material:	Type of drive unit: Rigid shaft <input type="checkbox"/> Outdrive <input type="checkbox"/>	

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 Unknown

Account details of the claimant:

Account no. _____ IBAN: _____

Finance institute: _____ BIC: _____

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.

x _____
Place, date

x _____
Signature of the policyholder