



Private Pleasure Craft Claim Form

Policy No.: _____ I.D. Card /Co. Reg. No.: _____

Intermediary: _____

PLEASE PROVIDE THE FOLLOWING DETAILS

Name of Insured: _____ Claim No.: _____

Address: _____

Tel./mobile No.(s): _____ E-Mail: _____

Name of Person in Charge at time of Incident: _____

Name and make of Class of Vessel _____

Registration No.: _____ Year of Manufacture: _____

Make, year and HP of Outboard/Inboard Motor and Serial No: _____

Date of occurrence: _____ Time: _____ Place: _____

State weather Conditions: _____

Beaufort Scale Wind Force and Direction: _____ Was vessel racing?: _____

Nature and extent of Loss or damage to Vessel: _____

Approximate cost of Repairs &/or Replacement: £ _____

(An Estimate from a Firm of repairers should be submitted as soon as possible)

Explain Fully how the loss or damage occurred*: _____

**if necessary continue on the another sheet of paper and provide sketch*

(If damage is caused by another vessel who you consider to be at fault, a copy if your letter holding the owner responsible for the incident should be forwarded to us with this form, together with details of third party insurance if known)

Where can the vessel be inspected?: _____

Name, address and telephone number of selected repairer or yard: _____

THEFT CLAIMS

When was the loss or damage discovered?: _____

When was property last seen?: _____

Situation of premises or place where theft occurred?: _____

Explain in detail how the thieves gained access: _____

Where the premises locked?: YES _____ NO _____

If 'No' describe how property was otherwise secured: _____

Name and telephone number of the police station and the name of police officer to whom the loss has been reported:

OUTBOARD MOTOR

If not stolen from locked premises or other locked place of storage was outboard motor secured by anti-theft device

in addition to its normal method of attachment?: _____

Have any other steps been taken to recover the property?: _____

CLAIMS LODGED BY THIRD PARTIES

If damage to any other vessel or property is involved give full details (*and forward correspondence received*): _____

Do you consider yourself responsible?: _____

Names and addresses of witnesses: _____

Signature of Insured: _____ Date: _____

Name (in BLOCK Letters): _____

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