



# MARINE CLAIM FORM

**Argus Insurance Company (Europe) Limited**

P.O. Box 45, Regal House, Queensway, Gibraltar  
Tel: +350 200 79520  
Fax: +350 200 70942

enquiries@argus.gi  
www.argus.gi

*Please complete in full the relevant sections and submit it to:  
Argus Insurance Company (Europe) Limited, P.O. Box 45, Regal House, Queensway, Gibraltar.  
If any sections are not applicable please add N/A.*

## ASSURED'S VESSEL

Full Name of Owner(s):

Address:

Mobile No.

E-mail:

Policy No.:

Name of Vessel/ Value:

Names of Crew Carried:

## NAVIGATOR

Who was in charge of your vessel when the accident occurred? Give name and address together with particulars of qualifications and experience in handling craft.

## DAMAGE TO YOUR VESSEL

Details of Damage/Repairs (a detailed estimate of probable costs of repairs should be sent herewith):

Where is the vessel /equipment available for inspection?



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Date:  Time:  Place:

Speed of your boat through the water:

If relevant, please state weather conditions:

Please state purpose for which the vessel was being used at time of accident:

Have you reported to Receiver of Wrecks or other officials?  Yes  No

If vessel is a wreck, please give position as accurately as possible:

Can the vessel in your opinion be salvaged?  Yes  No

Explain fully how accident happened (use space overleaf if necessary). Please complete sketch form on rear.

  
  
  
  
  
  
  

In your opinion who was responsible for the accident? If other than your navigator, give name, address and occupation of such person:

  
  

## DAMAGE TO THIRD PARTIES

*Crew/passengers on insured craft (persons and property)*

Full details of damage or injury and names and addresses of all persons concerned:



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Have any claims been made on you?  Yes  No  
If so, state amount:

**NOTE: If a claim has been received from a third party same should be merely acknowledged, stating the matter is receiving attention.**

**Do not disclose the fact that insurance exists and do not admit liability or make an offer or promise of payment.**

**N.B. All communications from third parties should be forwarded immediately to the company for attention.**

## WITNESSES

Names and addresses *(it is important that these should be obtained)* Crew/Passengers in Insured Vessel:


Independent Witnesses:


## OFFICIAL EVIDENCE

Did a coast guard, harbour official or other Officer witness the accident or take particulars?


## RACING

*To be completed if vessel was racing at time of accident.*

Details of Race:


Sum Insured on Racing Risks:

Has protest been lodged?  Yes  No

Racing Rules applicable?  Yes  No

Result of Protest:

Is an appeal contemplated?  Yes  No

If no protest, give reason:

*To be completed in the event of damage to or loss of engine/outboard motor*

Make of engine/motor:

H.P.:  Year of Manufacture:

Engine Number:

Result of Protest:

Date of Purchase:  Price Paid:

## THEFT

*Please note that in the case of Theft, a Police Report Form must be complete.*

Please confirm that the ship's boat was permanently marked with the name of the parent vessel:


State when Police were notified and the station advised:


Was the theft reported to a Port Official? If so, please give details:


**To be completed in the event of theft of engine/outboard motor:**

Make of engine/motor:		H.P.:		Year of Manufacture:	
Engine Number:		Date of purchase:			
Value:					

Please give details of all property stolen on the attached Schedule.

## COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Regal House, 3 Queensway, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

## DATA PROTECTION ACT – INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

## VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it. Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.



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I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from Other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

## DECLARATION

I hereby declare that the above answers and particulars are true and complete in every respect

Signature of Policyholder:  Date:

Signature of Third party:  Date:   
(if applicable)

**Please answer every question fully and attach your policy.**