

## Boat Insurance Claim Form

### IMPORTANT NOTES

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

### ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

#### 1. POLICYHOLDER DETAILS

|                       |                                                                                    |
|-----------------------|------------------------------------------------------------------------------------|
| Name:                 |                                                                                    |
| Address:              |                                                                                    |
| I.D Card No.:         | E-mail:                                                                            |
| Telephone No.:        | Mobile No.:                                                                        |
| VAT Registration No.: | VAT Status:                                                                        |
| Policy No.:           | Business/Occupation:                                                               |
| Fuel:                 | Year of build:                                                                     |
| Type:                 | Length:                                                                            |
| H.P:                  | Is vessel a conversion? YES <input type="checkbox"/>   NO <input type="checkbox"/> |

#### 2. NAVIGATOR/HELMSMAN

Who was in charge of your vessel at the moment the accident occurred?  
Give name, address and occupation together with particulars of his/her qualifications and experience in handling craft:

What crew was carried?

### 3. DETAILS OF INCIDENT

Date and time of occurrence:

Place:

If relevant state weather conditions:

Beaufort scale force:

Wind description:

Was vessel racing at the time? YES ☐ | NO ☐

Explain fully how event giving rise to claim occurred (if necessary continue on a separate sheet and provide sketch):

### 4. DAMAGE SUSTAINED TO YOUR VESSEL

Nature of the loss or damage to your vessel:

### 5. REPAIRS TO YOUR VESSEL

Approximate cost of repairs and/or replacement:

(An estimate from a firm of repairers should be submitted as soon as possible.  
DO NOT INITIATE REPAIRS UNTIL ESTIMATES HAVE BEEN APPROVED.)

What is being done to minimise the loss or damage?

Where can the vessel be inspected?

Name, address and telephone number of nearest repair yard:

## 6. TENDER/DINGHY

If your tender/dinghy is involved:

Make:

Year:

Type and length:

Please confirm how she was marked with the parent vessel's name:

## 7. DETAILS OF THEFT

Date:

Time:

Place:

When was vessel last inspected?

Who discovered the theft? Give name and address:

In the case of the outboard motor, gear stored or fitted aboard, what security precautions or anti-theft device(s) were fitted or used:

How was entry made and/or items removed?

In the event of theft, give name, address and telephone number of Receiver of Wreck and the Police Station to which the loss has been reported:

## 8. IN THE EVENT OF PROPERTY STOLEN/DAMAGED

PLEASE LIST THE ITEMS STOLEN/DAMAGED

| Full description of article | Name and address of Manufacturer | Date purchased or age | Cost of price replacement article | Cost of repair to damaged article | Amount claimed (Value at state of loss) |
|-----------------------------|----------------------------------|-----------------------|-----------------------------------|-----------------------------------|-----------------------------------------|
|                             |                                  |                       |                                   |                                   |                                         |
|                             |                                  |                       |                                   |                                   |                                         |
|                             |                                  |                       |                                   |                                   |                                         |
|                             |                                  |                       |                                   |                                   |                                         |
|                             |                                  |                       |                                   |                                   |                                         |
|                             |                                  |                       |                                   |                                   |                                         |
|                             |                                  |                       |                                   |                                   |                                         |
|                             |                                  |                       |                                   |                                   |                                         |
| Total:                      |                                  |                       |                                   |                                   |                                         |

## 9. OUTBOARD MOTOR (S)

|                                                                     |
|---------------------------------------------------------------------|
| If your outboard is involved, please give the following information |
| Make:                                                               |
| Model:                                                              |
| Year of manufacture:                                                |
| Serial No.:                                                         |
| H.P.:                                                               |

## 10. SALVAGE

If any Salvage Services have been rendered, please give full detail including names, addresses of those who claim to have rendered such service and under what circumstances:

## 11. INJURY / DAMAGE TO THIRD PARTIES

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

Have any claims been made against you? YES ☐ | NO ☐

### NOTE:

If a claim has been received from a third party same should be merely acknowledged, stating the matter is receiving attention. Do not admit liability or make any offer or promise of payment.

If third party is considered at fault a copy of your letter holding the owner responsible should be forwarded with this form together with details of their insurers if known.

## 12. WITNESSES

Name (It is important that these be obtained):

Addresses (It is important that these be obtained):

Passengers in vessel:

Independent witnesses:

## 13. PAYMENT DETAILS - *Let us know your bank account details for processing of payment*

Use the bank details below for this and future claims Yes ☐ No ☐

Account Holder Name:

IBAN Number:

Bank Name:

Bank Branch:

BIC/SWIFT Code

## PERSONAL DATA PROCESSING

If you would like to know more about how Mapfre Malta p.l.c. processes your personal data, please refer to the following link: [www.mapfre.com.mt/privacy-policy/](http://www.mapfre.com.mt/privacy-policy/).

## DECLARATION

I/we hereby declare that, after checking all details, the above information and statements are, to the best of my/our knowledge and belief, correct and complete. I/we understand that in the event of an incomplete and/or non-disclosure of material information, Mapfre Malta p.l.c reserves the right to repudiate the claim. Furthermore, I/we declare that I/we have not withheld any information relevant to the claim and assume full responsibility for the statements being made.

If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/we confirm that I/we have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Signature of claimant:

Date: