

Yacht & Motor Boat Insurance Claim Form

Branch/Broker/TII

Policy Number

Please return this form together with any related documentation to: Gasamamo Insurance, Msida Road, Gzira GZR 1405 Malta. For any queries please call on 21 345 123 ext 5 or send an email on insurance@gasamamo.com

INSURED'S DETAILS

Owner Details

Name: _____

I.D. Card Number: _____

Telephone: _____

Mobile: _____

VAT Reg No: _____

Occupation: _____

Address Details

House Name: _____

Street Name: _____

Town: _____

Country: _____

Post Code: _____

Email: _____

DETAILS OF ACCIDENT

Date: / / Time: : AM/PM Place:

Details of person operating the boat: Same as above Other

If Other: Name & Surname: _____

Address: _____

Telephone/Mobile: _____

Give exact details of how the accident happened:

At what speed were you cruising? _____ Knots N/A

For what purpose was the vessel being used? Private Use Racing Chartered

Signature: _____

DETAILS OF ACCIDENT

Was any person involved in the accident under the influence of alcohol or drugs? Yes No

If yes, please give details below

If any salvage service has been rendered, please give full details including name and address of salvors and the circumstances necessitating salvage.

DAMAGE TO VESSEL

Did you suffer any damage to your vessel? Yes No

If yes, please give details below

Description of damage	Amount being claimed

Where is the damaged vessel being kept? _____

THEFT

Was there evidence of forcible entry or exit from vessel? Yes No

If yes, please give details below

Description of items stolen

Description of item	Date of Purchase	Original Purchase Price	Amount being claimed

If theft of outboard motor; i) Was it locked in a place of storage? Yes No

ii) Was it secured by an anti -theft device? Yes No

Signature: _____

THIRD PARTIES

Where there any known third-party injuries or damage to property?

Yes

No

If yes, please give details below

[Text input area for details]

Have you received any claim or demand from a third party?

Yes

No

If yes, please state amount:

€

In your opinion, was anyone to blame for the accident?

Yes

No

If yes, please give details below

[Text input area for details]

N.B All communications from third parties should be forwarded immediately to our company. Remember your rights under the policy may be prejudiced if you admit liability without the prior consent of the company.

WITNESSES

Please provide names, addresses and contact numbers of crew/passengers in Insured vessel.

[Text input area for crew/passengers]

Please provide names, addresses and contact numbers of any independent witnesses.

[Text input area for independent witnesses]

LOSS HISTORY

Give details of any previous accidents or losses in connection with any vessel owned or sailed by you.

[Text input area for loss history]

REPORTS

Please mark and attach with this claim form any official reports related to this accident.

Police Report

Technical Report

Sketch

Official Estimates

Survey Report

Other _____

Signature: _____

Kindly complete your bank details below if you would like to receive payment of your claim directly into your bank account. We can only make SEPA payment.

Account Holder Details:

Name: _____ ID/Passport No: _____

Address: _____

Town: _____ Country: _____

Email Address: _____ Mobile: _____

Bank Account Details:

Name of Bank: _____ Country: _____

IBAN No: _____

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations.

In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from GasanMamo Insurance Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided above.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, GasanMamo Insurance Ltd, Msida Road, Gzira GZR 1405.

Declaration: -

I/We declare that the statements made are true to the best of my/our knowledge and belief and fully agree with the above and hereby consent to the above treatment of my personal data.

Date

Full name in block letters

Signature of Policyholder