

ACCIDENT REPORT FORM



Sailing Yachts | Motor Boats | Superyachts

www.yyachtinsurance.com

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SECTION 1: INSURED/OWNER (* delete as applicable)

FULL NAME OF INSURED	<input type="text"/>
ADDRESS	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
DAY PHONE NO.	<input type="text"/>
HOME PHONE NO.	<input type="text"/>
MOBILE NO.	<input type="text"/>
FAX NO.	<input type="text"/>
EMAIL	<input type="text"/>

CLAIM NO.

POLICY NO.

Are you the owner of the insured vessel? YES/NO*
(If No please advise who is)

Are you registered for VAT? YES/NO*
(If Yes status and VAT No)

SECTION 2: VESSEL DETAILS

NAME OF VESSEL	<input type="text"/>
HULL OR CRAFT IDENTIFICATION NO.	<input type="text"/>

CLASS OF VESSEL

SMALL SHIPS REGISTRY NO.

SECTION 3: SKIPPER/CREW

Who was in charge of the vessel at the time of the incident?

FULL NAME	<input type="text"/>
ADDRESS	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
DAY PHONE NO.	<input type="text"/>
HOME PHONE NO.	<input type="text"/>
MOBILE NO.	<input type="text"/>
FAX NO.	<input type="text"/>
EMAIL	<input type="text"/>

No. of years boating experience?

Boating Qualifications if any:

Please state the number of people on board with their names and status e.g. navigator, helmsman, crew:

SECTION 4: DETAILS OF THE INCIDENT (* delete as applicable)

DATE OF THE INCIDENT	<input type="text"/>
PRECISE LOCATION	<input type="text"/>
DEPTH OF WATER	<input type="text"/>
DIRECTION AND SPEED OF CURRENT	<input type="text"/>

TIME

SPEED OF THE VESSEL

EBB/FLOOD TIDE

DIRECTION AND SPEED OF WIND

CONT...

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SECTION 4 continued (* delete as applicable)

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

Was the vessel racing or under preparatory signal at the time of the incident? YES/NO*
If racing was a protest made? YES/NO* If Yes who made it and what was the outcome?

In your opinion, was the casualty due to a fault in design/fault in manufacture/fault
in materials/inadequate strength? YES/NO* If YES please give details of the
supplier/builder/manufacture

Have you taken the matter up with them YES/NO* If Yes what response have you had?

Who in your opinion was responsible for the incident and why?
Please give details as to what you consider relevant and why

SECTION 5: MOORING FAILURE

If the mooring which your vessel was on dragged or broke, please give details of it's type
and specification, confirming which part failed and why

When was this laid and by whom?

Who is responsible for the laying and maintaining
of the mooring?

When was it last inspected and by whom?

If you have a mooring contract or invoices for the maintenance
please supply copies

SECTION 6: MAST/SPARS/SAILS/RIGGING

If loss or damage has been sustained to your mast/spars/sails/rigging please confirm:-

Make/section of the mast/spars and their age:

Make/material of the sails, their age and when they were last valeted:

The age of the rigging and when this was last inspected and by whom:

The cause of the failure/damage

Where can the damaged parts be inspected?

SECTION 7: MACHINERY

If your outboard/inboard or outdrive is involved, please confirm the following:

MAKE

MODEL

HP

SERIAL NO.

YEAR OF
MANUFACTURE

CURRENT
MARKET VALUE

SECTION 8: TENDER DINGHY

If your tender dinghy has been lost or damaged, please confirm the following:

MAKE

MODEL

LENGTH

SERIAL NO.

YEAR OF
MANUFACTURE

CURRENT
MARKET VALUE

How was she marked with the name of the parent vessel or other identifying marks?

Any other distinguishing features?

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SECTION 9: DAMAGE/REPAIRS (* delete as applicable)

Please give full details of damage/loss sustained to your vessel:

Are you prepared to carry out your own repairs? YES/NO*
If YES please supply your own estimate.

Where is your vessel now and in whose charge?

Have you obtained written estimates? If so, please forward as soon as possible. If you have been given a verbal indication please give approximate figure:

Full description of property lost, destroyed or damaged with model and serial numbers.	Are you the sole owner?	Date of manufacture?	When purchased?	Price paid?	Estimated cost for repair or replaced if repair not possible.	Deduction for age, use, wear & tear.	Sum claimed.

Estimate for any repair work, and damage repairs (Continue on separate sheet if necessary).

SECTION 10: STATEMENT

Please give a full and concise report of the incident, together with a sketch if appropriate:

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SECTION 11: THIRD PARTIES (* delete as applicable)

If a Third Party is involved, please give details below, names, addresses, name(s) of craft and damage sustained to their craft:

Has any claim been made against you? YES/NO*. If YES please pass onto us any correspondence you have received. Do not admit liability or make any offer or promise, merely acknowledge any correspondence indicating that the matter is receiving attention.

SECTION 12: SALVAGE

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

SECTION 13: WITNESSES

Please give names and addresses of any person or persons of independent status who witnessed the incident:

SECTION 14: OTHER INSURANCE (* delete as applicable)

Do you have any other insurance policy i.e. Personal Liability, and/or All Risks cover under your Household policy, which may cover you in respect of this incident? YES/NO*. If YES please notify them and give details:

SECTION 15: DECLARATION

I/We hereby declare that the particulars on this form are true. I/We acknowledge that any misleading, false or untrue statement will mean that my/our claim will not be paid.

Signed: _____	Dated: _____
Signed: _____	Dated: _____

(This form must be completed by the Insured(s)/Owner(s) of the Insured vessel)

DATA PROTECTION NOTICE

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