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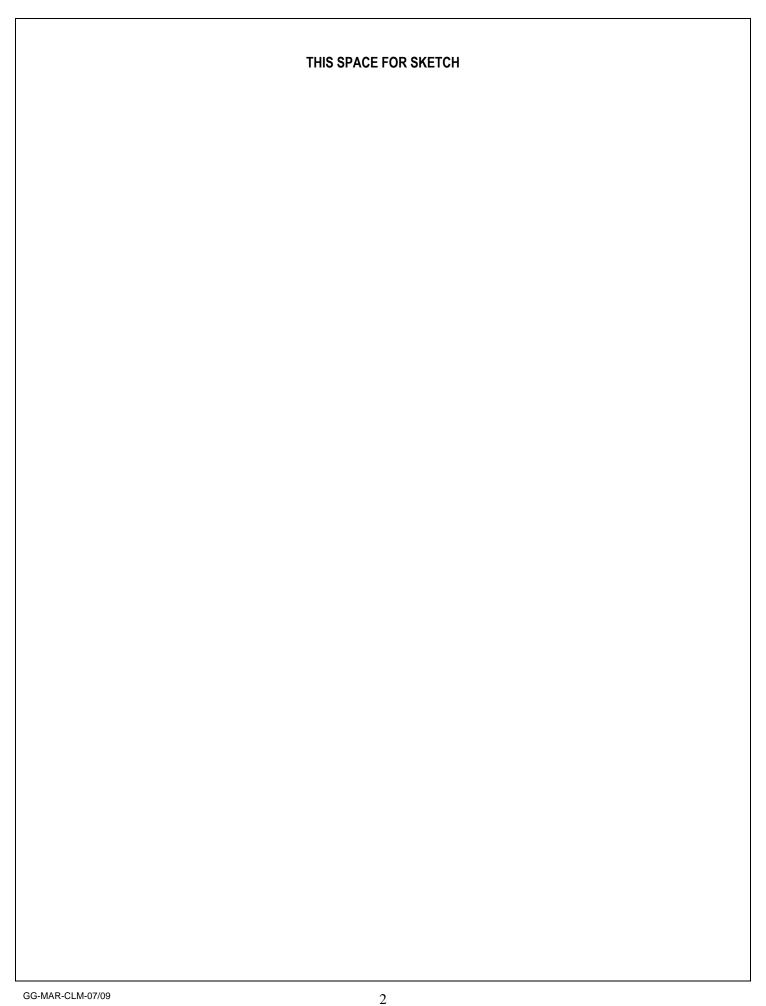
www.myguardiangroup.com

## MARINE HULL CLAIM FORM

ASSURED'S VESSEL						
Full name(s) of owner(s) Address(es)						
Name of vessel	ame of vessel Type			Length	feet/metres	
Fuel	Engine power			Market Value \$		
DETAILS OF ACCIDENT						
Date	Time	am/pm	Place			
If relevant, state weather co	onditions					
		Wind direct	ion	Windspeed		
What was the vessel being	used for at the time of	f the accident?				
				the cause. On the next page oys, coast line, jetties, etc, di		

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Nature and extent of loss or damage to your vessel		
Where can the vessel be inspected?		
Approximate cost of permanent repairs/replacement \$ A detailed estimate from a firm of repairers should be submitted as soon as possible. <b>DO NOT INITIATE REPAIRS UNTIL ESTIMATE HAS BEEN APPROVED</b>		
ADDITIONAL DETAILS IF VESSEL IS MISSING AND/OR STOLEN		
In the event of theft give name, address and telephone number of Receiver of Wrecks and the Police Station to which the loss has been reported		
Where is name or registered number marked on vessel?		
Colours: Outside Inside Sail		
Other distinguishing features		
What measurers have been taken to trace the vessel?		
If lost vessel is a tender (ship's boat), what distinguishing marks does it carry?		
NAVIGATION		
Who was in charge of the vessel at the time of the incident? Give name, address and occupation together with particulars of his/her qualifications and experience in handling the craft		
What crew was on board?		

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#### INJURY TO THIRD PARTIES AND DAMAGE TO THIRD PARTY PROPERTY

#### IMPORTANT NOTES:

IF A 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 INSURANCE IF KNOWN.

IF A CLAIM HAS BEEN RECEIVED FROM A THIRD PARTY same should be merely acknowledged, stating that the matter is being reviewed. DO NOT DISCLOSE the fact that insurance exists and DO NOT ADMIT LIABILITY or make any offer or promise of payment.

## A. INJURIES TO PERSONS

NAME	NATURE OF INJURIES		
ADDRESS	HAS A CLAIM BEEN MADE ON YOU?		
	IF SO, PLEASE STATE AMOUNT BEING CLAIMED \$		
B. DAMAGE TO OTHER VESSEL(S)/THIRD PARTY PROPERTY			
OWNER'S NAME	NATURE OF DAMAGE		
ADDRESS			
	HAS CLAIM BEEN MADE ON YOU?		
TEL. NO.	IF SO, PLEASE STATE AMOUNT BEING CLAIMED \$		
WITNESSES	•		

NAME

## WITNESSES ON BOARD YOUR VESSEL (other than crew already mentioned)

ADDRESS			

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# INDEPENDENT WITNESS

NAME			
ADDRESS			
DECLARATION			
I declare that the foregoing particulars are correct to the best of my knowledge and belief, and that I have withheld no material information concerning the claim.			
Date	Signature of Assured		

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