

Claimant Claim Form

Our Policy Holder:

Client or Claim No.:

While preserving all Pantaenius and his insurer's rights and without recognition of liability of our insured we acknowledge the claim against our policyholder; under all reserves of the clauses and conditions of the contracts, we kindly ask you to fill out this questionnaire and to forward it to us as soon as possible.

Name:

Address:

Tel:

Fax:

Email:

Bank Details (Bank/Account N°/Sort Code/IBAN/Swift Code):

Are you able to recover VAT with regard to this claim?

 Yes No

Do you have Insurance for your vessel?

Hull

 Yes No

TPL

 Yes No

If yes:

Name of Insurance Company:

Address:

Tel:

Fax:

Email:

Policy No.:

Licence / Type / Number:

Yacht (Type, Name of your yacht, Year of construction):

Date and time of claim:

Location of claim (Town/Country):

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Type of damage to your yacht:

Where your yacht can be inspected by a surveyor?

Estimated amount of damage (Please include preliminary estimate and photos):

Please provide us with a detailed description of the incident from your point of view. Sketches may be included. Please also include a detailed description of the misconduct of which you are accusing our policy holder:

Mandatory Documents for the Handling of Your Claim

- Please provide us with copies of:
- Ownership's Act (Registration documents or equivalent document depending on flag)
 - Valid nautical license of the person driving the vessel at the time of the accident.
 - ID of the Owner, Skipper and Claimant if different

I agree when submitting the claim to Pantaenius, that my personal data will be saved and made available to insurers, surveyors, law firms and other authorities etc. in so far Pantaenius deems this necessary in order to handle the claim. After closure of the claim, my data will be saved according to the data protection law currently in force.

WE ADVISE YOU THAT CONSCIOUS FALSE OR INCOMPLETE STATEMENTS AND/OR INFORMATION COULD ALSO LEAD TO THE INSURERS BEING RELEASED FROM THEIR OBLIGATION OF INDEMNIFICATION, EVEN IF NO DISADVANTAGES THEREBY ARISE FOR THE INSURERS.

Place/Country/Date

Signature

