

Yacht Hull Claim Form

Policy Holder/Vessel:

Name/Company:	
Address:	
Tel:	Fax:
Mobile No.:	Email:
Policy No.:	Customer No.:

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

Yes

No

Name of the Yacht:	Model:
Build or CIN No.:	Year of construction:

Short description concerning the damage event:

Collision with:

Stranding Fire/Explosion Lightning Mast Breakage

Capsizing Sinking Transport Claim Theft

Other:

Place and Country of Damage:

Latitude: ° '	Longitude: ° '
N/S	W/E

Date of Damage: Local Time:

Weather:

Wind Force and Direction:	State of the Sea:	Visibility:
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Skipper at the time of the claim event:

Address/Email/Tel.:

Licence(s) (Type/No.):	Number of Crew-Members:
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continue page 2



Yacht Hull Claim Form

Was the vessel chartered at the time of the claim event?

Yes, Bareboat-Charter Yes, Skipper-Charter No, Private Use

What measures have you taken, or will you take, to minimize the damage?

Please use the space below, or a separate sheet, to describe in detail the incident. Also provide us with a **sketch** of the damages occurred to the vessel. If the policy holder was not operating or by the vessel at the time of the incident, the detailed description should be provided by the responsible person for the vessel at that time. **Take note of § 11 of Pantaenius Yacht Hull Clauses (PYHC) concerning obligations of the insured case of an insured claim event and the consequences of the non-respect of those obligations.**

Short Description Concerning the Repairs:

Estimated Repair Costs:

Important

Please provide an estimate; no repairs are to be undertaken without our approval. The insurers must be able to verify the nature, extent, causes and costs of damages except when they specifically renounce this prerogative.

continue page 3



Yacht Hull Claim Form

What company you suggest should do the repairs?

Type of damage on insured vessel:

Where can a surveyor inspect the vessel?

Did an Authority produce a report? Yes No

If yes, please include the report.

Is your vessel free from rights of third parties? Yes No

If your answer to the above question is no, who has rights on the vessel?

Description concerning the Third Party involved in the accident:

(Please complete only if another vessel/Third Party was involved in the accident)

Model and name of the vessel:

Owner (Name/Address/Tel./Email):

Skipper – if different from owner - (Name/Address/Tel./Email):

Witnesses (Name/Address/Tel./Email): Please provide their signed declaration and copy of their identity card.

continue page 4



Yacht Hull Claim Form

Describe damage to the other vessel:

Which company insures the Third Party vessel?

Please provide name of Insurance Company/Tel./Address/Email/Policy No.:

Did you make a joint report?

Yes

No

If Yes, please provide a copy of the report.

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 and the Insured.

For a company please also provide for the settlement, all documents should not be older than three months:

- A trade register certificate mentioning the name of the person entitled to sign the Subrogation Act.
- ID Card of this person.
- An original document, certified by a notary or a lawyer, that the signatory is entitled to sign the Subrogation Act for settlements exceeding 5.000 €

N.B: Settlement in favor of companies will be net of taxes, unless formal proof, such as an official statement from a CPA, is given that the company is not able to recover VAT in this claim.

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.

PLEASE BE INFORMED THAT CONSCIOUS FALSE OR INCOMPLETE STATEMENTS AND/OR INFORMATION COULD LEAD TO THE INSURERS BEING FREE OF THEIR OBLIGATION OF INDEMNIFICATION, THIS BEING SO EVEN IF NO DISADVANTAGES ARISE FOR THE INSURERS.

I hereby attest to the accuracy of the afore mentioned declaration

Date/Place

Policy Holder's Signature

Skipper

