

# Bond Insurance Claim Form

Policy No.:	Claim No.:
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## Policy Holder

Name/company:	
Customer No.:	
Address:	
Phone (office):	Fax:
Mobile:	E-mail Address:
Type of vessel:	Name of vessel:
Hull No.:	Year of construction:

Do any further insurances exist for this deposit?  Yes  No  
If yes, please indicate address of insurer; policy no. and where applicable, claim no.

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## Short description of the loss event

Collision with   Grounding  Stranding

Fire/explosion  Lightning  Broken Mast  Capsizing

Sinking  Theft  Other

Did the damage occur during a regatta or a training for a regatta?  Yes  No

Location of loss  Latitude  °  ′

Longitude  °  ′

(Place/Country)

(N/S W/E)

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Date of loss event:	Time(local):
Weather conditions:	
Wind force and direction:	
State of sea:	Sight:
Skipper at time of the occurrence of the damage:	Age:
Address:	
Driving/Sailing licence (type/no.):	
Number of crew-members:	
Estimated claims amount:	

Which arrangements have been made to minimize the claim?

Where can the vessel be surveyed by an expert?

Did a survey already take place?

Yes, by whom?

No

Did a responsible authority make a report/protocol?

Yes

No

If yes, which authority? Eventually enclose the report:

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Other involved vehicles:

Type and name of the vessel, eventually license plate:

Owner (name/address/phone):

Skipper (name/address/phone):

Accident witnesses (name/address/phone):

Damages on the other vessel:

Bank data (name of the bank):

Bank number:

Account number:

IBAN:

Swift/BIC-Code:

Account Holder:

Please describe the loss event here or on a separate sheet. Please enclose accident sketch and photos of the damage. In case the policy holder did not drive the vessel on his own at time of loss event this description has to be made by the responsible skipper:

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**Please note that whenever an insured event occurs, you must provide complete and true information. The insurers would point out to the fact that in case of a breach of the existing obligation to provide information or explanations, there is a risk that they would be released from the obligation to provide benefits. Where a third party is entitled to the benefits payable under the contract rather than you, the said third party is equally obliged to provide information and explanations.**

Place/Date:

Signature Policy Holder:

Signature Skipper; if not identical with Policy Holder:



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