

Skippers Liability Insurance Claim Form

Policy No.:	Claim No.:
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A. Policy Holder

Name:	
Address:	
Phone:	Fax:
Mobile:	Email Address:
Yacht (type and name):	
Skipper at time of the occurrence of the damage:	
Driving/Sailing license (type/no.):	
Location of loss event:	
Date of loss event/time (local):	

In which form have claims been lodged? Please enclose correspondence if existing.

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Are you partially or completely responsible for the damage/claim? Yes No

In your opinion, is the claimant fully or partially responsible for the damage/claim? Yes No

B. Claimant/Injured person

Name:	
Address:	
Phone:	Fax:
Mobile:	Email Address:
Yacht (type and name):	

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Germany · United Kingdom* · Monaco · Denmark · Austria · Spain · Sweden · USA** · Australia
Pantaenius GmbH · Grosser Grasbrook 10 · 20457 Hamburg · Phone +49 40 37 09 10 · Fax +49 40 37 09 11 09 · helpline@pantaenius.com

pantaenius.de

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Skippers Liability Insurance Claim Form

Year of construction:

Skipper at time of the occurrence of the damage:

Driving/Sailing license (type/no.):

Detailed description of the loss event/claim; please enclose sketch

Bank data (name of the bank):

Bank number:

Account number:

IBAN:

Swift/BIC-Code:

Account Holder:

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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