



Thomas Smith Insurance Agency Ltd.

CRAFT ACCIDENT CLAIM FORM

The issuing of this form is not to be taken as an admission of liability by the Company

Please answer all questions on this page as fully as possible and relevant sections on other pages

Policy No. \_\_\_\_\_ Branch \_\_\_\_\_
Agent \_\_\_\_\_ Renewal Date \_\_\_\_\_
Claim No (Office Use Only) \_\_\_\_\_

\* Delete as required.

INSURED

Full Name \_\_\_\_\_
Private Address \_\_\_\_\_ Telephone No \_\_\_\_\_
Business Address \_\_\_\_\_ Telephone No \_\_\_\_\_

- a) Is the insured registered as a taxable person for VAT? YES/NO\*
b) Is the insured registered for VAT, is full remission of input tax obtained? YES/NO\*
c) If only partial remission of VAT is obtained, state last annual adjusted percentage tax \_\_\_%

CRAFT

Type \_\_\_\_\_ Name \_\_\_\_\_
Year of Make \_\_\_\_\_ Builder \_\_\_\_\_

If craft is subject to hire purchase agreement, state name of finance company, address and agreement number \_\_\_\_\_

State fully the purpose for which the craft was being used \_\_\_\_\_

State names and address of all:-

- a) Passengers \_\_\_\_\_
b) Independent Witnesses \_\_\_\_\_

Were particulars taken by a policeman? YES/NO\*

If YES, please give

a) Name of force \_\_\_\_\_ b) Officer's Number \_\_\_\_\_

**OTHER CRAFT INVOLVED**

Please continue on separate sheet if necessary

**NAME AND ADDRESS OF OWNER**

Name \_\_\_\_\_ Name of Craft \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Insurers and Policy No \_\_\_\_\_

Apparent Damage \_\_\_\_\_

**NAME AND ADDRESS OF OWNER**

Name \_\_\_\_\_ Name of Craft \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Insurers and Policy No \_\_\_\_\_

Apparent Damage \_\_\_\_\_

Who was in charge at the time? Give name, address and telephone number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Tel. No. \_\_\_\_\_

State fully what happened \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROUGH PLAN OF ACCIDENT. FOR A SAILING ACCIDENT WIND DIRECTION WHETHER ON STARBOARD OR PORT TACK, WHETHER CLOSE HAULED OR OTHERWISE AND ANY IMPEDIMENT TO SEA ROOM.

**ADDITIONAL QUESTIONS FOR TRADE CRAFT ONLY**

Was the vessel carrying cargo? YES/NO\*  
If YES, state nature of cargo \_\_\_\_\_  
and name and address of cargo owners or agents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone No. \_\_\_\_\_

**DAMAGE TO INSURED CRAFT**

What damage was caused to the insured craft? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where mast is lost or damaged, state: Age: \_\_\_\_\_  
Where sails are lost or damaged, state: Age: \_\_\_\_\_  
Where machinery is lost or damaged, state: a) Make \_\_\_\_\_  
b) Type \_\_\_\_\_ c) H.P. \_\_\_\_\_  
d) Engine/Serial No \_\_\_\_\_ e) Year of Manufacture \_\_\_\_\_  
f) Date of Purchase \_\_\_\_\_ g) Purchase Price € \_\_\_\_\_

Repairer's name, address and telephone no \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In all cases where your craft is damaged and you are entitled to claim under the policy, please send an estimate for repairs to the Company immediately

Is the craft at the repairer's premises YES/NO\*  
If not, where is the craft now lying? \_\_\_\_\_  
Where will it be taken in for repair? (see also guidance notes) \_\_\_\_\_  
\_\_\_\_\_

**ACCIDENT**

Date	_____	Time	_____ a.m./p.m.*
Place	_____	Speed at time	_____ MPH/knots
Weather	_____	Visibility	_____ yards

If date, what navigation lights were displayed? \_\_\_\_\_

Was your vessel, laid up ashore/laid up afloat on permanent/temporary moorings\*in-commission\*/racing/not racing\* \_\_\_\_\_

**OTHER PROPERTY DAMAGED (APART FROM CRAFT)**

Please continue on separate sheet if necessary

Name and address of owner (if known) \_\_\_\_\_  
\_\_\_\_\_

Nature of damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONS INJURED**

(State whether on board another craft or on board your own craft)

Name and address	Apparent injuries	Taken to Hospital
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If on board your own craft state in what capacity \_\_\_\_\_

**ANY COMMUNICATION YOU RECEIVE ABOUT THE ACCIDENT SHOULD NOT BE ANSWERED BUT SENT TO THE COMPANY IMMEDIATELY**

**DECLARATION**

I declare that these particulars are true to the best of my knowledge and belief.

Signature \_\_\_\_\_

Date \_\_\_\_\_