

Claim No.	
Policy No	

Accident Report form

Section 1: Insured/Owner		
Full Name of Insured:		Day Phone No:
Address:		Home Phone No:
		Mobile Phone No:
		Fax No.:
		Email:
Are you the owner of the insured vessel?	YES/NO	If NO please advise who is:
Are you registered for VAT?	YES/NO	If YES status and VAT No:
0 0 15		
Section 2: Vessel Details		
Name of Vessel:		Class of Vessel:
Hull or Vessel Identification No:		Small Ships Registry No:
Who was in charge of the vessel at the time Full Name:	of the incident?	Day Phone No:
Address:		Home Phone No:
	-	Mobile Phone No:
		Fax No.:
Number of years boating experience?:		Email:
Boating qualifications if any:		
Please state the number of people on board	with their name	and status e.g. navigator, helmsman, crew:

Section 4: Details of incident

Date of incident:	Time:	Precise Location:	
Speed of vessel:	Depth of water:	Ebb/Flood Tide:	
Direction and speed of current:			
Direction and speed of wind:			
Please state the purpose for which the vesse	el was being used at the time	of the incident:	
Was the vessel racing or under preparatory s	signal at the time of the incid	Jent? YES/NO	
If racing was a protest made? YES/NO	If YES who made it and wh	at was the outcome?:	
In your opinion, was the casualty due to a faul	lt in design/fault in manufact	ture/fault in materials/inadequate strength? YES/NO	
If YES please give details of the supplier/build	der/manufacturer:		
Have you taken the matter up with them? YE	S/NO	If YES what response have you had?:	
Who in your opinion was responsible for the in	ncident and why? Please give	e details as to what rules you consider to be relevant and w	why:
Section 5: Mooring failure			
If the mooring to which your vessel was attac	ched dragged or broke, pleas	e give details of it's type and specification,	
confirming which part failed and why?:			
Who is responsible for the laying and maintain	ning of the magning?		
	ing of the moorings:		
When was this laid and by whom?: When was it lest inspected and by whom? (If)	vou bovo o mooning contract	or invoices for the maintenance please supply copies.):	
when was it last inspected and by whomy (ii)	you have a mooring contract	or invoices for the maintenance please supply copies./:	
Section 6: Mast/Spars/Sails/F	Riaaina		
If loss or damage has been sustained to your		oso confirm:	
Make/section of the mast/spars and their ag		336 601111111.	
Make/material of the sails, their age and whe			
	•		
The age of the rigging and when this was last The cause of the failure/damage:	inspected and by whom:		
	<u> </u>		
Where can the damaged parts be inspected?	:		
Section 7: Machinery			
•			
If your outboard/inboard or outdrive is involved	ed please confirm the follow	ing:	

HP:

Current Market Value:

Model:

Year of Manufacture:

Make:

Serial No:

Section 8: Tender Dinghy

If your tender dinghy has been lost or damaged please confirm the following:

Make:	Model:	Length:
Serial No:	Year of Manufacture:	Current Market Value:
Was she marked with the name of the Paren	t Vessel or other identifying mark?	
Any other distinguishing features:		

Section 9: Damage/Repairs

Please give full details of the damage/loss sustained to your vessel:

Are you prepared to carry out your own repairs? YES/NO

If YES please supply your own estimate.

Have you obtained written estimates? YES/NO

If so, please forward as soon as possible. If you have been given a verbal indication please give approximate figure:

Where is the vessel lying and in whose charge?:

Full description of property lost, destroyed or damaged with model and serial numbers	Are you the sole owner?	Date of manufacture	When purchased	Price paid	Estimated cost for repair or replaced if repair not possible	Sum claimed

Estimate for any repair work, and damage repairs. (Continue on separate sheet if necessary):

Please give a full and concise report of the incident, together with a sketch if appropriate:

Section 10: Statement

a Third Party is involved, please give details be	low, names, addresses, name(s) of vessel and damage sustained to their vessel:
las any claim been made against you? YES/NO* YES please pass onto us any correspondence y cknowledge any correspondence indicating tha	rou have received. Do not admit liability or make any offer or promise, merely t the matter is receiving attention.
Section 12: Salvage	
any salvage services have been rendered, pleas endered such service and under what circumsta	se give full details, including names and addresses of those who claim to have ances:
Section 13: Witnesses any salvage services have been rendered, pleased and ender what circumsta	se give full details, including names and addresses of those who claim to have
endered such service and under what circumsta	ances:
Section 14: Other insurance	
o you have any other insurance policy i.e. Perso	nal Liability cover, under your Household policy, which may cover you
To you have any other insurance policy i.e. Person respect of this incident? YES/NO*	nal Liability cover, under your Household policy, which may cover you
To you have any other insurance policy i.e. Person respect of this incident? YES/NO*	nal Liability cover, under your Household policy, which may cover you
to you have any other insurance policy i.e. Perso a respect of this incident? YES/NO*	nal Liability cover, under your Household policy, which may cover you
Oo you have any other insurance policy i.e. Person respect of this incident? YES/NO*	nal Liability cover, under your Household policy, which may cover you
Section 14: Other insurance Do you have any other insurance policy i.e. Person respect of this incident? YES/NO* If YES please notify them and give details:	nal Liability cover, under your Household policy, which may cover you
Do you have any other insurance policy i.e. Person respect of this incident? YES/NO*	nal Liability cover, under your Household policy, which may cover you
Do you have any other insurance policy i.e. Person respect of this incident? YES/NO* f YES please notify them and give details: Section 15: Declaration	nal Liability cover, under your Household policy, which may cover you form are true. I/We acknowledge that any misleading, false or untrue statement,
Oo you have any other insurance policy i.e. Person respect of this incident? YES/NO* YES please notify them and give details: Section 15: Declaration We hereby declare that the particulars on this	

Data Protection

Your information has been, or will be, collected or received by Haven Knox-Johnston. We manage personal data in accordance with the data protection law and data protection principles. We need personal data so that we can provide you with boat insurance that's shipshaped around you, and other services, and we'll collect the personal data necessary to do this. This may be personal information like your name, address, contact details, identification details, financial information and risk details. You can find the full Data Privacy Notice at https://www.astonlark.com/privacy-notice/ or you can get a paper copy of the Data Privacy Notice by contacting us on 01732 223 600 or by writing to us at Malling House, Town Hill, West Malling, Kent, ME19 6QL. Our data protection compliance officer can be contacted at; Aston Lark Limited, Ibex House, 42-47 Minories, London, EC3N 1DY, or by email at compliance@astonlark.com

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