



## Pleasurecraft Claim Form

Please read the whole Claim Form in order to determine which sections are relevant before completing the information.

If there is insufficient space on this form, please record information on additional blank sheets of paper and attach to the form.

### 1. General Details

- A) NAME OF POLICYHOLDER: \_\_\_\_\_
- B) POSTAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
- C) DAYTIME TELEPHONE NO: \_\_\_\_\_ D) EMAIL ADDRESS: \_\_\_\_\_
- E) FPG POLICY NUMBER: \_\_\_\_\_ F) POLICY EXPIRY DATE: \_\_\_\_\_
- G) NAME OR HULL NUMBER OF INSURED VESSEL: \_\_\_\_\_ H) VESSEL REG. NUMBER: \_\_\_\_\_

### 2. Incident Details

- A) WHEN DID THE LOSS OCCUR? Day  Month  Year  Time  a.m. / p.m.
- B) WHERE EXACTLY DID THE LOSS OCCUR? \_\_\_\_\_  
\_\_\_\_\_
- D) IF UNDERWAY, WHAT WAS THE SPEED OF YOUR VESSEL AT THE TIME OF LOSS? \_\_\_\_\_
- E) WHO WAS IN CONTROL OF YOUR VESSEL AT THE TIME OF LOSS?  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact No. or Email: \_\_\_\_\_ Relationship to Vessel: \_\_\_\_\_
- F) WHO ELSE WAS ABOARD YOUR VESSEL AT THE TIME OF LOSS?

Full Name	Contact No. or Email	Relationship to Vessel

- G) 1) DID A COASTGUARD, HARBOURMASTER OR OTHER MARINE AUTHORITY OFFICIAL WITNESS THE ACCIDENT OR ATTEND AT THE SCENE? Yes  No
- 2) If Yes, Name of Authority \_\_\_\_\_ Name of Official \_\_\_\_\_  
Location of Office and / or Contact Details \_\_\_\_\_
- H) 1) WAS A SURVEYOR APPOINTED BY FPG TO ADVISE OR ASSIST WITH SALVAGE OR RECOVERY OF YOUR VESSEL?
- 2) IF YES, Name of Surveyor \_\_\_\_\_

G) 1) DID POLICE ATTEND AT THE SCENE OF THE ACCIDENT? Yes  No   
 2) WAS LOSS REPORTED TO THE POLICE LATER? Yes  No   
 3) IF YES TO 1) OR 2): Date Reported \_\_\_\_\_ Police Station \_\_\_\_\_ Police Officer \_\_\_\_\_ Case No: \_\_\_\_\_

H) IF THE VESSEL WAS DAMAGED BY FIRE WHAT FIRE FIGHTING EQUIPMENT / MEASURES WERE USED? \_\_\_\_\_

I) 1) IS THE VESSEL UNDER LIEN OR OTHERWISE ENCUMBERED? Yes  No   
 2) IF YES, PLEASE GIVE DETAILS: \_\_\_\_\_

J) 1) IS THERE ANY OTHER INSURANCE ON THE PROPERTY INVOLVED IN THIS CLAIM? Yes  No   
 2) IF YES: Name of Insurer \_\_\_\_\_  
 Address of Insurer \_\_\_\_\_  
 Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_ Policy Expiry Date \_\_\_\_\_

K) INCIDENT SUMMARY - please tick all relevant boxes and provide any additional information requested:

1) CAUSE OF LOSS	2) STATUS AT TIME OF LOSS	3) ACTIVITY AT TIME OF LOSS	4) RACE DETAIL (if relevant)	5) WHAT IS BEING CLAIMED
<input type="checkbox"/> Theft <input type="checkbox"/> Fire <input type="checkbox"/> Collision <input type="checkbox"/> Grounding <input type="checkbox"/> Capsize <input type="checkbox"/> Sinking <input type="checkbox"/> Storm Damage <input type="checkbox"/> Water Damage <input type="checkbox"/> Component Failure <input type="checkbox"/> Breakdown / Overheating <input type="checkbox"/> Accidental Loss <input type="checkbox"/> Accidental Breakage <input type="checkbox"/> Malicious Damage <input type="checkbox"/> Other (specify) _____ _____	<input type="checkbox"/> Not in Use <input type="checkbox"/> Private Use <input type="checkbox"/> Commercial / Excursion <input type="checkbox"/> Commercial / Skippered Charter <input type="checkbox"/> Commercial / Bareboat Charter <input type="checkbox"/> Demonstration <input type="checkbox"/> Sea Trials <input type="checkbox"/> Other (Specify) _____ _____	<input type="checkbox"/> Stored, Moored, Docked <input type="checkbox"/> Hauling Out <input type="checkbox"/> Slipping <input type="checkbox"/> In Repairer's / Builder's Yard <input type="checkbox"/> In Transit by Road <input type="checkbox"/> Berthing / Docking <input type="checkbox"/> Lifting from / onto Trailer <input type="checkbox"/> Under Tow <input type="checkbox"/> Underway <input type="checkbox"/> Hove To <input type="checkbox"/> Becalmed <input type="checkbox"/> Temporary Anchorage <input type="checkbox"/> Racing <input type="checkbox"/> Other (Specify) _____ _____	<input type="checkbox"/> Club Racing <input type="checkbox"/> Regatta  Please give name of Club OR Regatta (as relevant): _____  Please give name of Race Officer: _____  Was a protest lodged by you with the Race Committee? Yes <input type="checkbox"/> No <input type="checkbox"/>  Please provide copies of all correspondence, findings, etc. relating to incident.	<input type="checkbox"/> VESSEL <input type="checkbox"/> Total Loss; OR Damage to: <input type="checkbox"/> Hull <input type="checkbox"/> Engine(s) <input type="checkbox"/> Underwater Drive Gear <input type="checkbox"/> Propellor only <input type="checkbox"/> Masts, Spars, Rig, Sails <input type="checkbox"/> Equipment <input type="checkbox"/> Tender / Outboard <input type="checkbox"/> Trailer <input type="checkbox"/> Other <input type="checkbox"/> DEATH / DISABILITY BENEFIT <input type="checkbox"/> PERSONAL EFFECTS <input type="checkbox"/> THIRD PARTY LIABILITY <input type="checkbox"/> COMPULSORY PASSENGER

6) PLEASE GIVE A BRIEF DESCRIPTION OF HOW LOSS OR DAMAGE OCCURRED: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7) IF INCIDENT INVOLVED COLLISION, PLEASE PROVIDE DIAGRAM SHOWING POSITION OF EACH VESSEL & DIRECTION OF MOVEMENT IMMEDIATELY BEFORE IMPACT:

8) PLEASE INDICATE AMOUNT BEING CLAIMED (Note: quotations, receipts, invoices or other substantiating documents will be required) **BAHT**

- L) 1) WHERE IS YOUR VESSEL CURRENTLY LOCATED? \_\_\_\_\_
- 2) WHO SHOULD WE CONTACT TO ARRANGE INSPECTION OF DAMAGE? Name: \_\_\_\_\_
- Phone No: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship to You / Vessel \_\_\_\_\_

**3. Third Party Details (only required if claim involves injury to third party or damage to third party property)**

A) IF THIRD PARTIES SUSTAINED INJURIES PLEASE PROVIDE THE FOLLOWING DETAILS:

DETAIL REQUIRED	THIRD PARTY (i)	THIRD PARTY (ii)	THIRD PARTY (iii)
1) Full Name of Third Party			
2) Contact Address for Third Party			
3) Phone / Email for Third Party			
4) Which vessel was the Third Party aboard at the time of injury? If not aboard a vessel please state location.			
5) If Third Party received medical treatment please give Name / Location of Hospital and/or Doctor			
6) Brief Summary of Third Party's Injuries			
7) Has Third Party indicated that they intend to lodge a claim against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Has the Third Party official lodged a claim against you in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Amount being claimed by Third Party	BAHT	BAHT	BAHT
10) Have you indicated to the Third Party or any other person that you are in any way responsible for the accident / injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

B) IF THIRD PARTY PROPERTY (INCLUDING ANOTHER VESSEL) WAS DAMAGED PLEASE GIVE THE FOLLOWING DETAILS:

DETAIL REQUIRED	THIRD PARTY (i)	THIRD PARTY (ii)	THIRD PARTY (iii)
1) Full Name of Third Party			
2) Contact Address for Third Party			
3) Phone and/or Email for Third Party			
4) Brief Details of the Property Damaged			
7) Has Third Party indicated that they intend to lodge a claim against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8) Has the Third Party official lodged a claim against you in writing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9) Amount being claimed by Third Party	BAHT	BAHT	BAHT
10) Have you indicated to the Third Party or any other person that you are in any way responsible for the accident / injuries?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

C) PLEASE PROVIDE COPIES OF ANY LETTERS, WRITS, INVOICES, RECEIPTS, MEDICAL REPORTS ETC. WHICH YOU HAVE RECEIVED FROM THE THIRD PARTY OR THEIR INSURERS OR THEIR REPRESENTATIVES IN RELATION TO THE ACCIDENT.

D) IF THERE WERE ANY OTHER INDEPENDENT WITNESSES TO THE ACCIDENT, PLEASE GIVE THEIR DETAILS BELOW:

Full Name	Address, Phone No. or Email
(i)	
(ii)	
(iii)	

E) DO YOU THINK YOU WERE AT FAULT OR PARTIALLY AT FAULT FOR THIS ACCIDENT? Yes  No  PLEASE GIVE A REASON FOR YOUR ANSWER:

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#### 4. Enclosures

PLEASE INDICATE WHICH (IF ANY) OF THE FOLLOWING YOU ARE SUBMITTING WITH THIS CLAIM FORM:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Additional pages of information (No. of pages ) | <input type="checkbox"/> Photographs of Damage / Injuries | <input type="checkbox"/> Race Protest Form / Letter |
| <input type="checkbox"/> Police Report                                   | <input type="checkbox"/> Repair Estimates                 | <input type="checkbox"/> Race Committee Ruling      |
| <input type="checkbox"/> Marine Authority Report                         | <input type="checkbox"/> Repair Invoices                  | <input type="checkbox"/> Other (specify):           |
| <input type="checkbox"/> Medical Report                                  | <input type="checkbox"/> Repair Receipts                  | _____   |
| <input type="checkbox"/> Witness Statements                              | <input type="checkbox"/> Medical Bills                    | _____   |
| <input type="checkbox"/> Writ / Claim notification from Third Party      | <input type="checkbox"/> Salvage Bill                     | _____   |

#### 5. Important Notes / Claims Instructions

A) This claim form will only be accepted if it is signed by either:

- 1) the policyholder ; or 2) a person holding power of attorney for the policyholder; or 3) an executor of the policyholder's estate.

B) If you wish to nominate a boat manager, captain, personal assistant or similar person to administer your claim on your behalf then please give details of such persons below.

Otherwise we shall only accept instructions or communications which come directly from you or which have been pre-authorized in writing by you.

Name of Nominee : \_\_\_\_\_ Relationship to Policyholder / Vessel: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

**If you elect a nominee then you are accepting that they act on your behalf and you may not at a later date deny or dispute their actions or instructions in administering your claim.**

C) Please note that, even if you have elected a nominee, you will be required to sign a Release Form should a final or interim settlement be agreed. Also, certain authorities (such as the police or harbour department) may require your signature before accepting instructions or releasing information. In such cases your full co-operation will be required.

D) You have a duty to disclose to the insurer all information material to the loss (that is, anything which may influence the insurer in accepting your claim or in how they handle your claim). Failure to disclose material facts or the misrepresentation of material facts may prejudice your rights to recover under the policy.

#### 6. Declaration

I / We the undersigned:

1. acknowledge that I / we have read and understood the "Important Notes / Claims Instructions" which form section 5. of this claim form;
2. confirm that I / we are one of the 3 parties listed in section 5. A) of this claim form;
3. declare that the information provided by me / us in this claim form is true and correct

AUTHORISED SIGNATURE:  DATED: day  month  year