

# ACCIDENT REPORT FORM

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Claim No.

Policy No.

## Section 1: INSURED/OWNER *(\*delete as applicable)*

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: \_\_\_\_\_

## Section 2: VESSEL DETAILS

Name of Vessel: \_\_\_\_\_

Class of Vessel: \_\_\_\_\_

Hull or Craft Identification No: \_\_\_\_\_

Small Ships Registry No: \_\_\_\_\_

## Section 3: SKIPPER/CREW

Who was in charge of the vessel at the time of the incident?

Full Name: \_\_\_\_\_

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 *(\*delete as applicable)*

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 vessel was being used at the time of the incident: \_\_\_\_\_

\_\_\_\_\_

Was the vessel racing or under preparatory signal at the time of the incident? YES/NO\*

If racing was a protest made? YES/NO\* If YES who made it and what was the outcome?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Section 4: DETAILS OF INCIDENT (cont.) *(\*delete as applicable)*

If your opinion, was the casualty due to a fault in design/fault in manufacture/fault in materials/inadequate strength? YES/NO\*  
If YES please give details of the supplier/builder/manufacturer:

Have you taken the matter up with them? YES/NO\* If YES what response have you had?

Who in your opinion was responsible for the incident and why? Please give details as to what rules you consider to be relevant and why.

#### Section 5: MOORING FAILURE

If the mooring which your vessel was on dragged or broke please give details of its type and specification, confirming which part failed and why.

Who is responsible for the laying and maintaining of the mooring?

When was this laid and by whom?

When was it last inspected and by whom? (If you have a mooring contract or invoices for the maintenance please supply copies.)

#### Section 6: MAST/SPARS/SAILS/RIGGING

If loss or damage has been sustained to your mast/spars/sails/rigging please confirm:

Make/section of the mast/spars and their age:

Make/material of the sails, their age and when they were last valeted:

The age of the rigging and when this was last inspected and by whom:

The cause of the failure/damage:

Where can the damaged parts be inspected?

#### Section 7: MACHINERY

If your outboard/inboard or outdrive is involved please confirm the following:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ HP: \_\_\_\_\_

Serial No: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_ Current Market Value: \_\_\_\_\_

#### 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: \_\_\_\_\_

How was she marked with the name of the Parent Vessel or other identifying mark?

Any other distinguishing features:

#### Section 9: DAMAGE/REPAIRS *(\*delete as applicable)*

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? 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?

**Section 9: DAMAGE/REPAIRS (cont.)**

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)*

**Section 10: STATEMENT**

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

### Section 11: THIRD PARTIES *(\*delete as applicable)*

If a Third Party is involved, please give details below, names, addresses, name(s) of craft and damage sustained to their craft:

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Has any claim been made against you? YES/NO\* If YES please pass onto us any correspondence you have received. Do not admit liability or make any offer or promise, merely acknowledge any correspondence indicating that the matter is receiving attention.

### Section 12: SALVAGE

If any salvage services have been rendered, please give full details, including names and addresses of those who claim to have rendered such service and under what circumstances:

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### Section 13: WITNESSES

Please give names and addresses of any person or persons of independent status who witnessed the incident:

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### Section 14: OTHER INSURANCE *(\*delete as applicable)*

Do you have any other insurance policy i.e. Personal Liability, and/or All Risks cover under your Household policy, which may cover you in respect of this incident? YES/NO\*

If YES please notify them and give details:

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### Section 15: DECLARATION

I/We hereby declare that the particulars on this form are true. I/We acknowledge that any misleading, false or untrue statement, will mean that my/our claim will not be paid.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

**(This form must be completed by the Insured(s)/Owner(s) of the Insured vessel)**

**NB: Please note claims at MS Amlin are handled on behalf of the insurer.**

### DATA PROTECTION NOTICE

To consider your request for insurance cover or administer subsequent dealings in respect of your insurance we must process your personal data and where appropriate your 'sensitive' personal data and in doing this we will comply with the provisions of the Data Protection Act 1998.

Unless required by Law or as necessary to effect or administer your insurance none of your personal data (even if not 'sensitive') will be disclosed without your consent to any person or organisation, or used for any purpose.

The Data Controller is MS Amlin Underwriting Services Limited.

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