



## Pleasure Craft Insurance Claim Form

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE INCIDENT AND SUBMIT TO SACOS ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST.

### IMPORTANT INFORMATION

1. All statements must be factual, not influenced or biased in any form.
2. Please provide Sacos with as much information about the incident as you can.
3. The list of documents required is not exhaustive and we reserve the right to request from you any additional information/documentation as and when necessary.
4. The damaged vessel must be moored in a safe place, it is understood that the company shall not be responsible for any subsequent loss/theft.
5. Repairs must not be carried out without prior authorisation from Sacos.
6. The submission of an incomplete form, insufficient information or supporting documents may delay the processing of your claim. The submission of an incomplete form, insufficient information or supporting documents may delay the processing of your claim.

### 1. INSURED DETAILS

#### POLICY NUMBER

Name

Postal Address

Occupation

Telephone (Mobile)

Telephone (Work)

Email Address

#### THE PERSON SUBMITTING THIS FORM (IF DIFFERENT FROM POLICYHOLDER)

Name

Postal Address

Telephone (Mobile)

Telephone (Work)

Email Address



Do you accept responsibility for the incident?  Yes  No

If selected No, who in your opinion is responsible for the incident?

Number of passengers on board (if any) at the time of occurrence?

Has any passengers sustained any injuries (fatal or non-fatal injuries)?  Yes  No

If selected yes, please provide full name of passengers and provide additional details in section 6

For what purpose was the vessel being used at the time of accident?

Private use  Charter

Was the insured in the vessel at the time of the incident?  Yes  No

Was the vessel being used with the insured's permission or consent?  Yes  No

If selected No, when was the Incident reported to the insured? Date (dd/mm/yyyy) and Time (am/pm)

#### 4. SKIPPER DETAILS

Name

Date of birth

Address

Occupation

Telephone (Mobile)

Skipper License Number

Date of first issue

Date of expiry

Category of License

- 10 Miles
- 60 Miles
- Over 60 Miles
- Class 3
- Class 4
- Class 5

**Note: Please attach a copy of the Skippers License**

At what speed were you travelling at the time of the incident?

State the sea and weather conditions at the time of the incident.

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**5. DAMAGE TO INSURED'S VESSEL**

State extent of damage to your marine vessel, engine, accessories and personal effects

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Estimated cost of repairs to Hull, Engines,

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Estimated cost of replacements of accessories and personal effects

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Where can the vessel be inspected?

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**Note: Repairs must not be carried out without prior authorisation from Sacos.**

Has any party a financial interest in the vessel?     Yes     No

If selected Yes, please provide details

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**6. DAMAGE TO THIRD PARTY PROPERTY**

Name of owner of vessels/property damaged

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Postal Address

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Contact Number

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Brief particulars of damage done

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**7. PERSONAL INJURIES OR DEATH DETAILS**

Names and addresses of persons injured/died and particulars of injuries sustained

**A** Name

Address

Contact number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

  
  

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

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**B** Name

Address

Contact number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

  
  

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

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**C** Name

Address

Contact number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

  
  

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

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Has a claim been made upon you?  Yes  No

If yes, give full particulars and amount and forward any communications received, unanswered

**Note: (Please do not accept liability or attempt to negotiate with anyone)**

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that i have not withheld any material fact concerning the accident.

Signature of Insured or his/her broker or legal representative

Date and Time

**LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT** (To be submitted to the Sacos office)

- Skippers license
- Police Report
- Pictures of Accident
- Notice of Intended Prosecution
- Estimate of Repairs
- Sea worthiness certificate
- Surveyors Report on the damaged vessel
- Statements from witnesses (Optional)