

Yachtsman Euromarine
College Rd
Clane
Co. Kildare

To whom it may concern,

RE: MARINE CLAIM

Please find enclosed claim form in respect of the recent loss. **To proceed with the claim insurers will require the following:**

1. A completed claims form, all sections answered in full.
2. Quotations for the repairs/ replacement.
3. If the loss is as a result of a criminal act, then the Garda report form should be completed in full and stamped or PULSE ID number provided.
4. If the incident involves a third party please enclose any original correspondence unanswered from the Third Party, his / her agent or solicitor.

Further advices:

- You can at any time appoint your own loss assessor/ surveyor to handle your claim, but the cost of this will be at your own expense.
- Neither Yachtsman, underwriters, nor surveyor/ assessors appointed by them will instruct repairers directly. If repairs are in order then the instruction to proceed will go to you. It is then up to you to instruct repairers as you see fit.
- You should not initiate repairs without agreement from the insurers to do so. If you do not have the agreement of insurers you risk prejudicing your claim.
- It is your duty as an insured to mitigate your losses. You must take all reasonable steps to prevent further loss/ damage from occurring. This is a condition of your policy.

We look forward to hearing from you and if you need any advice do not hesitate to contact us.

Yours sincerely,

Brian Sheehan
Email: brian@yachtsman.ie

**YACHTSMAN EUROMARINE INSURANCE
MARINE CLAIM FORM**

Policy No:	Email:
GENERAL INFORMATION	
Full Name:	
Business or Occupation:	
Address:	
Telephone: (Day)	Telephone (Evening)
Telephone: (Mobile)	Fax No:
VAT Registration No.	
NAVIGATION/HELMSMAN	
Who was in charge of your vessel at the moment the accident occurred?	

VESSEL DETAILS		
Name of Vessel:	Age of Vessel:	Full Value:
Type of Vessel:	Crew Carried?	
For what purpose was the vessel used at the time of the accident?		

DETAILS OF ACCIDENT	
Date and time of accident:	
Cause:	
Place of Occurrence:	
Was the vessel racing at the time?	
Please state Weather Conditions/Wind direction Beaufort Scale Force	
Explain fully how events giving rise to your claim occurred. Include details such as speed, depth of water etc (if necessary please use a separate sheet and provide a sketch if appropriate).	

WITNESSES:
Passengers in Vessels (include all names and addresses (use separate sheet if necessary))

Independent Witnesses (include all names and addresses (use separate sheet if necessary))

Claim Line – Tel: 045 982668 Fax: 045 902983

Yachtsman Euromarine Insurance
College Rd, Clane, Co. Kildare

web site: www.yachtsman.ie e mail: claims@yachtsman.ie

Yachtsman Euromarine is regulated by the Financial Regulator as an Authorised Advisor.

DESCRIPTION OF DAMAGE					
DAMAGE SUSTAINED BY YOUR CRAFT					
Passengers in Vessels (Include all names and addresses – Use separate sheet if necessary)					
Was an Engine cut-out device in operation at the times of the accident?				Yes	No
If 'NO' please provide details as to why not					
REPAIRS TO YOUR CRAFT					
Approximate cost of repairs or replacement: _____ €					
(an estimate from a firm of repairers should be submitted as soon as possible)					
What was done to minimise the loss or Damage?					
Where can the craft be inspected?					
Please provide the Name, Address and Telephone No. of your nearest repair yard					
THIRD PARTIES					
Give full details of damage or injury including Names and Addresses of all persons concerned:					
Amount of Claim on you		€	By Whom?		
Note: If you have received notification of a claim from a third party in respect of loss or damage, please forward full details to us immediate. You should not enter into any correspondence with any third party. You should not disclose that you have insurance cover, admit liability, or make any promise of payment.					
DETAILS OF THEFT					
Date and time of occurrence					
Place of occurrence					
When was craft last seen?					
Please give Name and Address of person who discovered the theft					
What security precautions or anti-theft device(s) were fitted:					
To the craft?					
To the trailer?					
How was entry made into the storage area?					
Address and Telephone No. of Garda Station to which the loss has been reported together with Crime Ref. No.					
ITEMS DAMAGED STOLEN					
Description of Article(s)	Manufacturer	Date of Purchase/Age	Cost of Replacement	Cost of Repair	Amount Claimed
DECLARATION					
I/We declare that the above answers and particulars are true and complete in every respect and that there is no other insurance in force covering my/our liability I/We agree for the claim to be dealt with under Yachtsman Euromarine's delegated claims authority with Insurers if appropriate.					
Signature of Insured:				Date:	
Signature of Person in Charge of Vessel				Date:	
<i>IMPORTANT: No payment, settlement or admission of liability must be made without the consent of the company. Every notice written or verbal or any claim or legal proceedings must be forwarded to the company immediately. Do not acknowledge it yourself.</i>					

PLEASE RETURN ORIGINAL SIGNED FORM TO COMPANY ADDRESS OVERLEAF