



Registered Office

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YACHT AND MOTOR BOAT CLAIM FORM

It is in your own interest to give full details possible as this will enable us to deal with your claim with the minimum delay.

- It is your responsibility to arrange for repairs, but you should consult us first as to choice of repairer and present an estimate.
- Do not admit Liability.
- Do not make any offer or promise of payment.

BLOCK CAPITALS PLEASE

1. NAME OF INSURED: _____

2. ADDRESS OF INSURED: _____

3. TEL NO.: _____ FAX NO.: _____ EMAIL: _____

4. POLICY NO.: _____

5. DATE OF PAYMENT OF LAST PREMIUM _____ TO WHOM PAID _____

6. INSURED VESSEL:

(A) NAME OF VESSEL _____ INSURED VALUE _____

(B) TYPE OF VESSEL _____ CREW CARRIED _____

(C) LENGTH OF VESSEL _____ HORSE POWER _____ FUEL _____

(D) SPEED OF INSURED'S VESSEL _____ (KNOTS/M.H.P.)

7. DATE OF ACCIDENT _____ TIME OF ACCIDENT _____

8. PLACE OF ACCIDENT _____

9. WHO WAS IN CHARGE _____ DEPTH OF WATER _____

10. DIRECTION AND SPEED OF CURRENT _____

11. DETAILS OF THE ACCIDENT:

- (A) WHAT LIGHTS WERE BEING SHOWN BY THE VESSEL _____
- (B) FOR WHAT PURPOSE WAS THE VESSEL BEING USED AT THE TIME OF THE ACCIDENT _____
- (C) IN YOUR OWN OPINION WHO WAS RESPONSIBLE FOR THE ACCIDENT?
(Give name and address if person responsible is other than the policyholder)

12. NAME AND ADDRESSES OF WITNESSES _____

13. PERSONS IN VESSEL _____

14. INDEPENDENT WITNESSES _____

15. WAS ANY REPORT MADE TO OR BY THE RECEIVER OF WRECKS, THE LOCAL HARBOUR MASTER, POLICE OR ANY OTHER OFFICIALS? IF SO, GIVE ADDRESSES AND ANY OTHER DETAILS:

16. DETAILS OF DAMAGE _____

17. DAMAGE TO OWN VESSEL:

- (A) WHERE IS SHE NOW LYING? _____
- (B) IS SHE IN REPAIRER'S HANDS? () YES () NO
- (C) IF SO, GIVE NAME OF FIRM/REPAIRER _____
- (D) ESTIMATED COST OF REPAIRS, IF KNOWN _____

(E) IF THE VESSEL REMAINS SUNK OR STRANDED GIVE POSITION AS ACCURATELY AS POSSIBLE _____

18. SALVAGE :

IF ASSISTANCE WAS RENDERED BY ANY THIRD PARTIES GIVE FULL DETAILS INCLUDING NAMES AND ADDRESSES OF THOSE CONCERNED

19. DAMAGE TO THRID PARTIES (Persons & Property)

HAVE ANY CLAIMS BEEN MADE ON YOU? IF SO GIVE FULL DETAILS WITH AMOUNTS CLAIMED AND NAMES AND ADDRESSES OF ALL PERSONS CONCERNED

20. EXPLAIN FULLY HOW ACCIDENT HAPPENED (with sketch if necessary)

I/we hereby declare that the above statements are true and correct in every respect.

SIGNATURE OF PROPOSER: _____ DATE: _____