



**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: \_\_\_\_\_