

DETAILS OF INSURED

Name _____ Telephone Number _____

Address _____

Policy Number _____

DETAILS OF ACCIDENT

Date _____ Time _____

Where _____

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

For what purpose was the vessel being used? _____

Was she racing at the time? **Y** ☐ **N** ☐

Weather conditions at the time were: _____

If vessel has been wrecked, state:

a) Exact location of the wreck: _____

b) Do you think it can be salvaged? _____

c) To whom has the wreck been reported? _____

DAMAGE TO VESSEL

Where can the vessel be inspected? _____

What is the extent of the damage? _____

If vessel is with repairers, give their name and contact phone number: _____

If a repair estimate has been obtained, please attach it to this report. _____

SALVAGE

Please give full details of any Salvage services rendered, including names of those who performed them and under what circumstances.

WITNESSES OF THE ACCIDENT

Please give names and contact details of any independent witnesses of the accident and who are willing to give a statement:

PLEASE GIVE A FULL ACCOUNT OF HOW THE ACCIDENT OCCURRED IN THE SPACE TOGETHER WITH A SKETCH PLAN AS APPROPRIATE.

THIRD PARTIES

Please give full details of any injury to persons and/or of any damage to any other vessel or property.

Has anyone made a claim on you? **Y** ☐ **N** ☐

If so please give name, address, basis of claim and the amount being claimed: _____

Please pay particular attention to the NOTE below.

NOTE: ALL COMMUNICATIONS FROM THIRD PARTIES SHOULD BE FORWARDED IMMEDIATELY TO THE COMPANY. REMEMBER YOUR RIGHTS UNDER THE POLICY MAY BE PREJUDICED IF YOU ADMIT LIABILITY OUT THE PRIOR CONSENT OF THE COMPANY.

DECLARATION

I/we hereby declare that, to the best of my/our knowledge and belief, the forgoing statements and those on supplementary documents or pages, are fully and truly made and no material fact has been misrepresented, misstated or withheld. I agree to immediately declare any additional details or any subsequent change in circumstances that may affect the accuracy of the information provided.

I/we acknowledge and understand that any misrepresentation, fraudulent act or material misstatement made in support of my / our claim may lead to the claim being voided.

I/we agree that insurers may, at their option, make settlement of any claim, suit, or action for damages that may be made against me/us in respect of the above incident.

I/We understand that acceptance of this form by Insurers does not indicate any agreement to pay any portion of any claim against my / our policy or any other policy.

I/we give my / our consent for the processing of my personal and sensitive data to support this claim.

By checking this box, I, the owner, confirm that I have read, understood and agree to the terms of this Declaration. ☐ (tick box)

By checking this box, I, the driver, confirm that I have read, understood and agree to the terms of this Declaration. ☐ (tick box)

ONLY USE IF SOMEONE AT FREISENBRUCH COMPLETED THIS FORM WITH YOUR HELP

Use these signature boxes below ONLY if someone at Freisenbruch completed this form on your behalf with your input only, otherwise please leave blank.

As this form was completed on my behalf by _____ of Freisenbruch, I/We have read the completed document, and I/We confirm that I/We agree with the content.

By checking this box, I, the owner, confirm that I have read, understood and agree to the terms of this Declaration. ☐ (tick box)

By checking this box, I, the driver, confirm that I have read, understood and agree to the terms of this Declaration. ☐ (tick box)

INSURED'S NAME: _____
PLEASE PRINT

INSURED'S SIGNATURE: _____ **DATE:** _____