

# MARINE HULL INSURANCE CLAIM FORM

## GUIDANCE NOTES

- 1) Before completing this form you should read it all through carefully.
- 2) When completing the form please write clearly and neatly and complete all relevant sections.
- 3) Please attach any documents and/or supply any available information to support your claim.
- 4) You must immediately inform the police authorities if the claim your are making relates to an accidental loss, damage by malicious persons, theft or attempted theft.
- 5) Take all the necessary precautions to minimize damage. If you have suffered seawater damage try removing the seawater, or start drying out the damaged items. Please note:  
You must NOT proceed with repairs (other than emergency repairs) without obtaining our approval.
- 6) Take all the necessary action to salvage your boat. If the engine/s has been immersed in water it must be FLUSHED and serviced as soon as possible.
- 7) Please DO NOT dispose of any damaged property until we have been given the opportunity to inspect it.
- 8) Once the form is completed please sign the declaration at the end and keep a copy for your own records.
- 9) Send the form to us at Citadel Insurance p.l.c., 'Casa Borgo', 26, Market Street, Floriana, FRN 1082, Malta.
- 10) When we have been told of your claim we will investigate it fully and may ask you for additional information.
- 11) The claim will be dealt with promptly and fairly.
- 12) Should you have any further questions please do not hesitate to contact us. We have arranged a freephone service for your convenience: 80072322

## POLICYHOLDER(S)

Name:		Policy number:	
Postal address:			
Date of birth:	Telephone:	Mobile:	E-Mail:
I.D. card number or passport number:		Issued at:	Date of issue:
Occupation:			

## PARTICULARS OF VESSEL

Name:	Registration mark:	Value €:
Main engine:	Type of fuel:	H.P. (per individual engine):
Type or class:	Length:	Width:

## TYPE OF CLAIM

<input type="checkbox"/> Collision	<input type="checkbox"/> Theft	<input type="checkbox"/> Fire
<input type="checkbox"/> Malicious Damage	<input type="checkbox"/> Storm	<input type="checkbox"/> Sinking
<input type="checkbox"/> Transit Damage	<input type="checkbox"/> Liability	<input type="checkbox"/> Explosion
<input type="checkbox"/> Other:		

## PARTICULARS OF NAVIGATOR/HELMSMAN

Name of person operating the vessel:

Postal address:

I.D. card No / passport No:

Telephone:

Mobile:

E-Mail:

Nautical driving licence number:

Expiry date:

Date of birth:

Boating experience (Years):

What is the relationship of this person to the policyholder?

Was any person involved in this incident under the influence of alcohol or intoxicating drugs?

Yes

No

If 'Yes', please give details:

## CIRCUMSTANCES OF LOSS

Date and Time:

Location where the incident occurred:

Speed of your vessel in knots:

Weather conditions:

Wind direction:

Wind speed:

Please state the purpose for which the vessel was being used at time of the incident:

Please give us an accurate position of the wreck site. (This is only applicable if the vessel has sunk.):

Explain fully and in detail how the incident occurred:

Please state the number of persons which were on board at the time of the incident:

## DETAILS OF CLAIM

What is being done to minimize the loss or damage?

Where can the vessel be inspected?

Nature and extent of loss or damage to your vessel:

**PLEASE SUPPLY A MINIMUM OF TWO ESTIMATES FOR THE REPAIRS / REPLACEMENT OF ITEMS WHICH ARE BEING CLAIMED BELOW.**

Quotations are attached

Yes  No

*If you are still waiting for estimates of repairs and / or replacement, please ensure that they reach our offices as soon as possible in order that we may settle your claim more quickly. You must not proceed with repairs without our approval.*

**HULL, INBOARD MACHINERY & NAVIGATIONAL EQUIPMENT**

**In the event of damaged property please complete the following:**

Description of item	Name of repairer	Estimate cost of repairs €	Amount Being Claimed €
		Total	€

**In the event of lost or stolen property please complete the following:**

Full description of article including make & model	Date purchased or age and from where purchased	Replacement cost €	Amount claimed (Value at date of loss) €
		Total	€

**TENDER / DINGHY**

Make and model:		Year of manufacture:
Type:	Length:	Width:
Please confirm whether the tender was marked with the parent vessel's name and registration number:		

**OUTBOARD MOTOR**

Make and model:	Year of manufacture:
Serial No:	HP:

In the case of theft of the outboard motor, gear stored or fitted aboard, what security precautions or anti-theft device(s) were fitted or used?

How was entry made and / or item (s) removed?

**ADDITIONAL INFORMATION - To be completed in case of THEFT**

Where was the property which is being claimed as stolen stored?

Was there evidence of forcible entry?

Yes

No

How was entry gained and how was the property removed?

**ADDITIONAL INFORMATION - Police Authorities**

Have you reported the incident to the police?

Yes

No

Police Station:

Date & time reported:

Police report number:

**SALVAGE**

If any salvage services have been rendered, please give full details including names and addresses of those who claim to have rendered such services and under what circumstances.

**DAMAGE / INJURIES TO THIRD PARTIES**

Was any other party injured or was property belonging to other parties damaged in this incident?

Yes

No

If 'Yes', please complete the following details:

Name:

Postal address:

I.D. card No. / passport No.:

Telephone:

Mobile:

E-Mail:

If this incident involves another vessel or vehicle please provide the following:

Make:

Model:

Registration number:

Colour:

Name of Insurer:

Please advise the extent of damage or injuries sustained:

Who do you consider responsible for this incident?

Why do you consider this person responsible?

**IMPORTANT NOTICE: If A CLAIM HAS BEEN RECEIVED FROM A THIRD PARTY same should be merely acknowledged, stating that the matter is receiving attention. DO NOT DISCLOSE the fact that insurance exists and DO NOT ADMIT LIABILITY or make any offer or promises of payment.**

**WITNESSES**

Name:

Postal address:

I.D. card No. / passport No.:

Telephone:

Mobile:

E-Mail:

**OWNERSHIP AND OTHER INSURANCE**

Are you the sole owner of the lost or damaged property? Yes  No

If not, please provide details.

Have you put forward any claim for property damage following this incident with another insurance company? Yes  No

If Yes, please provide details.

Name of insurer:

Policy number:

**INSURED'S HISTORY**

Registered a claim ? Yes  No

Have you in the past five years Been refused insurance cover? Yes  No

Been charged /convicted of any criminal offence? Yes  No

If you answered 'Yes' to any of the above please provide details.

**PLEASE PROVIDE FURTHER INFORMATION IF NECESSARY - Should the incident involve a collision with a third party please draw a sketch plan highlighting the dynamics of the collision**

## IMPORTANT NOTICE

Please note that failure to disclose all material facts (that is, those facts that an insurer would regard as likely to influence the acceptance or assessment of this claim) could invalidate this claim. If you are in doubt whether a fact is material you should disclose it.

## DATA PROTECTION NOTICE

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), we will process any personal and/or sensitive data supplied on/in this form for all or any of the following purposes:

1. the proper performance of your contract of insurance, particularly the settling of claims or paying other benefits pursuant to your contract of insurance;
2. underwriting of subsequent insurance proposal forms which you may lodge with the Company;
3. preventing, detecting and/or prosecuting fraud and any other criminal activity which the Company is bound to report and meeting any other specific legal or contractual obligations;
4. establishing, exercising or defending any legal action;
5. internal management, research and statistics, systems administration and the development and improvement of our products and services;
6. the protection and promotion of our legitimate interests and the proper conduct of our business;
7. informing you by direct marketing about our range of products and services including those of our affiliated companies, associates, agents and tied insurance intermediaries or other carefully selected organisations and companies.

Relevant data will be disclosed or shared as appropriate with all our employees and with our affiliated companies, associates, agents and tied insurance intermediaries, your broker if any, the Malta Insurance Association, other insurance companies and other third parties if pertinent to any of the purposes listed above including the purpose listed in Point 7.

**Kindly inform us by ticking the box on the last page should you not want to receive any direct marketing in terms of Point 7.**

Every field on the form is mandatory. Should any field be inapplicable to your particular circumstances please mark that field with the letters "N/A".

You have the right to require that we provide you with access to your personal data as well as the right to rectify, or, in appropriate circumstances, erase any inaccurate, incomplete or immaterial personal data which is being processed. However, you are required to inform us immediately of any alterations relating to your personal data which we are processing.

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form for the Company to process your respective personal information as outlined above and you confirm that you have brought this Data Protection Notice to the attention of these other persons and obtained their respective consents.

We undertake to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed.

## DECLARATION

1. I/We, the undersigned, declare that the information given in this claim form is true and correct to the best of my/our knowledge and belief.
2. I/We claim the above amount in respect of the items mentioned.

I do not consent to direct marketing

I/ We have read and agreed to the Important Notice, Data Protection Notice, the Declaration, and any other information relating to my/ our rights.

Signature(s):

Date:

## FOR OFFICE USE ONLY

Claim Number:

Intermediary:

### Citadel Insurance p.l.c.

Head Office: Casa Borgo • 26 Market Street • Floriana FRN 1082

Front Office: 28 St Anne Street • Floriana FRN 9011

Tel: 2557 9000 • Fax: 2557 9550 • Email: [info@citadelplc.com](mailto:info@citadelplc.com)

Branches: Gżira 2133 2151 • Haż-Żebbuġ 2146 3559

Naxxar 2141 9198 • Paola 2180 6247

[www.citadeldirect.com](http://www.citadeldirect.com)

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