



Head Office: Plot 1412, Santa Clara Court, Ahmadu Bello Way, Victoria Island, Lagos Tel.: 01-2701560-5. Fax 01- 4613284

MARINE HULL CLAIM FORM

The company does not admit liability by the issue of this form

Policy No. Claim No.

Insured's Name and Address
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Occupation: Tel. No.:

Name of Vessel:

Value:

Main engine: Type or class: Registration mark

Length: Width: H.P. (per individual engine):

Date of Occurrence: Location where the incident occurred:

Circumstances of accident/ loss: (A statement signed by the master of the insured vessel will be required in all cases when such a person is not the insured)
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Nature and extent of loss or damage to your vessel
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Purpose of Voyage if Vessel underway?

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Names of crew on board (if any) at time of occurrence?

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Has any attempt been made to salvage vessel?

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Where is the vessel now and where can it be inspected?

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Was vessel in seaworthy condition at time of occurrence?

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When was vessel last used before this incident?

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If a charter vessel, please attach copy of licence.

Name of skipper

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Estimated amount of claim (Please supply a minimum of two estimates for repairs and/or replacement of items which are being claimed)

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Has any Authority been advised of the occurrence e.g. Police, Port Authority, Coast Guard?

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Supporting documents attached to Claim Form

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Have you previously suffered any Marine Cargo loss?

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Have you ever made a claim under a Marine Cargo Policy? if so, please give details

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I/We declare the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.

DATE: SIGNATURE OF INSURED:

PLEASE MAKE SURE THAT ALL QUESTIONS HAVE BEEN ANSWERED