

**CLAIMS AND SERVICES**

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Claim No:	
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CLAIM NOTIFICATION UNDER HULL INSURANCE	
All data processed on the basis of this claim form is necessary to collect information and documentation for further processing of the claim	
INSURANT INFORMATION	
Policy No:	
Name/ Company:	
VAT No:	
Adress:	
Tel:	
E-mail:	
VAT payer:	YES - NO ( choose )
Bank name:	
IBAN:	
VESSEL INFORMATION	
Registration:	
Vessel name:	
Manufacturer/model:	
Vessel tipe:	
Hull No:	
Year of built:	
Engine serial no and power in kW:	
CLAIM INFORMATION	
Name, adress, PIN and skipper contact:	
Vessel in charter:	YES - NO ( choose )
Date and place of accident:	
Harbour master and police noticed about the accident?	YES - NO ( choose )
Weather conditions in the time of accident:	
Damages on the boat:	
In case of a collision with another vessel give info about the other vessel:	
Model/type:	
Flag / Registration:	
Insurer:	
No of third party liability policy:	
Information about witnesses:	
Name:	

Contact tel:	
E-mail:	
<b>Skipper statement:</b>	
About the cause of the accident:	
About responsible person:	
Location of the vessel and contact for survey:	
<b>DETAILED DESCRIPTION OF THE ACCIDENT</b>	
<b>SKETCHES OF THE EVENT</b>	
<b>NOTE:</b>	

Place and date:	Signature ( stamp ) person in charge for the claim notification:	Signature ( stamp ) of the applicant:

**SUBMITE WITH THE APLOCATION:**

- Photos of the damages – identification of the vessel/property + damages
- Offer for repairs with detailed specification of materials and work (No of working hours, price, else,..)
- Registration of the vessel
- Skipper licence
- Notification to the harbour master
- Charter contract
- Crew list
- Police report (in case of fire, explosion or theft)
- Copy of the other vessel involved policy in case of collision
- Service reports of the motor in the last three years (in case of operational/motor damages)

Send to: [info@claimsandservices.hr](mailto:info@claimsandservices.hr)