

**CLAIMS AND SERVICES**

Claims and services j.d.o.o. M.Vlašića 45a, 52440 Poreč  
 T. +385 52 633 300 F. +385 52 633 299 M. +385 99 31 31 003  
 E. info@claimsandservices.hr



Claim No:	
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CLAIM NOTIFICATION UNDER LIABILITY INSURANCE	
All data processed on the basis of this claim form is necessary to collect information and documentation for further processing of the claim	
PODACI O OSIGURANIKU	
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:	
Veessel tipe:	
Hull Nr:	
Year of built:	
Nr and engine power:	
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 at the time of accident:	
Visible damages on the assets of third party (when property damage):	
Whether there has been a violation of a third party or damage to their property?	YES - NO (choose)
Informations of injured persons (non property damages):	

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**Info about witnesses:**

<b>Name and surname:</b>	
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<b>Contact phone and/or e-mail:</b>	
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**Skipper opinion:**

<b>About claim occurrence:</b>	
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<b>About guilty person for the damages:</b>	
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<b>Place of inspection of the vessel and contact of the person in charge:</b>	
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**DETAILED DESCRIPTION OF THE ACCIDENT**

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**SKETCHES OF THE EVENT**

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<b>NOTE:</b>
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Place and date:	Signature ( stamp ) person in charge for the claim notification:	Signature ( stamp ) of the applicant:

**REPORT WITH THE CLAIM:**

- Photos of the damages – identification of the vessel/property + damages
- Registration of the vessel
- Skipper licence
- Notification to the harbour master
- Crew list

**Dostaviti na: [info@claimsandservices.hr](mailto:info@claimsandservices.hr)**