

CLAIMS AND SERVICES

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 E. info@claimsandservices.hr



Claim No:	
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CLAIM NOTIFICATION UNDER LOSS INCOME	
INSRUANT INFORMATION	
Name/ Company:	
VAT No:	
Address:	
Tel:	
E-mail:	
Insurance policy No:	
Amount of agreed and payed charter of the damaged vessel during the repairs:	
Damages on the vessel repaired in the period:	
Amount of the agreed and payed substitute vessel:	
VESSEL INFORMATION	
Registration No:	
Vessel name:	
Manufacturer and model:	
NOTE:	

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

SUBMITE WITH THE APLOCATION:

- Description of the cronology of the case from the day when the damage ocured until the day of the end of repairs
- Agreement of the charter of the damaged vessel during the repairs
- Proof of the payment of charter for the damaged vessel
- Agreement, invoice and proof of payment for the substitute boat or proof of the returned amount for charter
- List of crew members for the substitute vessel

Send to: info@claimsandservices.hr