

# Claim Form



Please return this completed form to Claims Department, Navigators & General - Brighton, C/O Apogee, 6-8 Bonhill Street, London, EC2A 4BX.  
If you have any queries, please contact us on 01273 863450.  
It is in your own interest to give the fullest details possible as this will enable us to deal with your claim with the minimum delay.  
It is your responsibility to arrange for repairs, but you should consult us before instructing a repairer unless this would involve a delay leading to further deterioration.

## Policy/Certificate Details

Policy No.	Insurance Scheme Cert. No. (if applicable)	If this is not provided delay may occur
Full Name of Owner		Occupation
Address		
Postcode	Email	Tel No.
Name of Vessel		Date built
Class or Type	Length	Sail No.
Full Value £	H.P.	Fuel

## Insurance

Do you hold another policy indemnifying you against this loss/accident?

## Value Added Tax (this question only applies to your vessel)

Are you registered and accountable for VAT? State Yes or No      If Yes, please state VAT Registration No.  
What is your Tax Status? Tick appropriate box      a) Positive or zero rated ☐      b) Partially exempt ☐      c) Exempt ☐

## Details of Loss/Theft Please complete Statement of Claim on page 3 (if an accident see section overleaf)

Date loss discovered	Time
Place	
When was vessel last inspected prior to loss?	Was the vessel fully fitted out?
If involves the tender, how was it marked with name of parent vessel?	
Who discovered the theft? Give name and address .....	
How was entry made and/or the item removed? .....	
If loss involves outboard motor, road trailer or gear stored or fitted aboard, what security precautions or devices were used? .....	
Who was in charge of your vessel? Give name, address and occupation .....	
If gear, etc. stored separately ashore, provide the following information:	
a) Name of firm and address	
b) In whose possession was key of store?	
c) When did you last inspect same?	
d) Were premises occupied and under supervision?	
Give details of any other circumstances relevant to this loss ..... .....	
Please advise the address of Police Station to which the theft has been reported and Crime Reference No. or details of Officer making entry .....	
N.B. An immediate report must be made to the Police Station nearest to the location of the theft.	

## Details of Accident

Date	Time	Speed of your boat through the water
Place		
Direction and speed of current		Depth of water
Direction and force of wind		
Please state purpose for which vessel was being used at time of accident		
Explain FULLY how accident happened (if necessary use space on the next page or separate sheet and attach securely)		
<hr/> <hr/> <hr/> <hr/>		
Please provide sketches, using the space on back of form and/or forward any photographs which may assist us.		
In your opinion was the accident caused by the fault of any person other than your Helmsman?		
If so, give name, address and occupation of such person		
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## Crew

Who was in charge of your vessel at the moment the accident occurred? Give name, address and occupation together with particulars of qualifications and experience in handling craft

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Number of crew carried including Owner or Skipper?

## Damage to your Vessel

Please give details and complete Statement of Claim on page 3, if appropriate

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## Repairs to your Vessel

Where is she now lying and in whose charge? Give name, address and tel no.

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Have you obtained estimates for repairs?

If so, from whom?

Amount £

Please forward estimate as soon as possible or with this form if costs likely to be less than the figure stated in the note to claimants enclosed

## Racing

If craft was subject to racing rules when incident occurred, please complete the following

Was a protest made?	If so, to whom?
With what result?	
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If no protest made, please give explanation	

## Damage to Third Parties (persons and property)

Give full details of damage or injury and names and addresses of all persons concerned (if necessary use space on next page or separate sheet)

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Have any claims been made on you?	If so, state amount £
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**NOTE: If a claim has been received from a third party the same should be merely acknowledged, stating the matter is having attention. DO NOT ADMIT LIABILITY or make any offer of payment.**

**N.B. All Communications from third parties should be forwarded immediately to the Company for attention.**

**Witnesses** Give names and address – it is important that these should be obtainedPassengers in vessel  
.....  
.....Independent witnesses  
.....  
.....  
.....**Official Evidence**If a Coastguard, Harbour Official, Lock Keeper, Police Officer or Race Officer witnessed the incident or it was reported to them, please provide name and address and date of report  
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.....  
.....**Salvage**If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances  
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.....  
.....**Statement of Claim**

1. Description of property stolen, lost, destroyed or damaged with model and serial number	2. Are you the sole owner?	3. Date of manufacture	4. Date purchased or acquired	5. Price paid	6. Estimated cost of repair or similar replacement if repair not possible	7. If applicable, allowance for depreciation (wear and tear)	8. Net amount claimed
				£	£	£	£
				£	£	£	£
				£	£	£	£
				£	£	£	£
				£	£	£	£
				£	£	£	£
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				£	£	£	£
				£	£	£	£
				£	£	£	£
				£	£	£	£
				£	£	£	£
Total							£

Please use this space for your answers where insufficient space has been allowed. Clearly identify the questions concerned in each case. If there is insufficient space to answer, please enclose additional sheets.  
.....  
.....  
.....  
.....  
.....

## Sketch

If damage resulted from collision, show relative positions a) before impact, b) at the time of impact and c) after impact.

Show in the sketch direction and speed of wind and tide and position of any other craft or objects which affected your manoeuvres even though not directly involved in the incident.

## Data protection statement

This Data Protection Notice explains what personal information is collected and how this is used. In accepting this insurance it will be understood that **you** have read and accepted the terms of this Data Protection Notice.

All phone calls relating to applications and claims may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

**Geo** will process **your** details in accordance with the Data Protection Act 2018 and/or other applicable legislation in force.

**You** are entitled to know what personal data is held on **you** and to make what is referred to as a "Data Subject Access Request" ('DSAR'). **You** are also entitled to request that **your** personal data be corrected in order that **Geo** hold accurate records. In certain circumstances, **you** have other data protection rights such as that of requesting deletion, objecting to processing, restricting processing and in some cases requesting portability.

Further information on **your** rights is included in our Privacy Policy.

If **you** wish to make a Data Subject Access Request" ('DSAR') to access, correct, update or request deletion of **your** personal data, **Geo** will ask **you** to provide a copy of any two of the following documents: Driver's licence, Passport, Birth certificate, Bank statement (from the last 3 months) or utility bill (from the last 3 months).

**Geo** will respond to all requests from individuals wishing to exercise their data protection rights in accordance with applicable data protection laws. If **you** would like to exercise **your** data protection rights or have any questions, please contact:

The Compliance Officer  
Geo Underwriting Services Limited  
2 Mincing Lane  
London  
EC3R 7PD

E-Mail: [MGA.DataProtection@geounderwriting.com](mailto:MGA.DataProtection@geounderwriting.com)

For more information on the Data Protection Act **you** may also write to the Office of the Information Commissioner at:

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF

Or

Visit : [ico.org.uk](http://ico.org.uk)

## Declaration Please ensure all relevant questions have been answered

I/We hereby declare that these particulars are true to the best of my/our knowledge and belief.

Insured's Signature

Date

### Navigators & General

C/O Apogee, 6-8 Bonhill Street, London, EC2A 4BX  
E: [enquiries@navandgen.co.uk](mailto:enquiries@navandgen.co.uk) T: 01273 863400 W: [www.navandgen.co.uk](http://www.navandgen.co.uk)

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