

Yacht & Motorboat Claim Form



Please return this completed form to Claims Department, Navigators and General, PO Box 3707, Swindon, SN4 4AX.
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 <input type="checkbox"/> b) Partially exempt <input type="checkbox"/> c) Exempt <input type="checkbox"/>	

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)		
.....		
.....		
.....		
.....		
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.

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

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via www.zurich.co.uk/dataprotection

How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via gbz.general.data.protection@uk.zurich.com or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

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 – Brighton

PO Box 3707, Swindon, SN4 4AX.

Tel 01273 863400 **Fax** 01273 863401

Email enquiries@navandgen.co.uk. **Website** www.zurich.co.uk/navigators-and-general

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