## Marine Hull Claim Form



LIFE INVESTMENTS HEALTH INSURANCE PROPERTIES ADVICE

**Liberty General Insurance Uganda Limited** 3rd Floor, 99 Buganda Road P.O. Box 22938 Kampala, Uganda t + 256 (0) 31 2246500

## IMPORTANT NOTICE

- . No liability under the policy is admitted by Issue of this form
- 2. Neither Owner nor Skipper must admit fault or liability for this Accident
- 3. Do not answer communication about this Accident, but send them to the insurers for consideration
- 4. All questions on this form must be answered.
- 5. Repairs must not be authorised without prior authority of the Insurers.

Claim No.																															
DETAILS OF INSURED																															
Name																															
Address																															
Telephone number															Cel	llphor	ne nu	mbe	er												
Business/Occupation																															
Name of insured craft																															
Type of craft																															
Date of accident	D	D	_	М	М	-	Υ	Υ	Y	/ \				Т	ime				н [												
DETAILS OF POLICY																															
Policy number																			Ext	oirv (	date	D	D	_	М	M		Υ	Y	Υ	Υ
Name of hire purchase or finance company																															П
DETAILS OF VESSEL																															
DETAILS OF VESSEL					_		_						_				_					_					_			_	
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Note: If the claim involves Theft, Burglary or Malicious Damage, you must report the loss to the police and obtain a police reference

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CONDITIONS AT TIME OF ACCIDEN	IT																						
Visibility		Goo	od						Fair					F	Poor			Ve	ery po	or			
Wind (knots)		0-15	5						15-3	30				3	30-45			O	/er 45	5			
Water		Calr	n						Мо	derat	е			F	Rough			Ve	ery ro	ugh			
Tide		Nea	р						Spr	ing					Ebb			Flo	bod				
Speed at the time of the accident												Knot	S										
USE OF CRAFT																							
Pleasure		Rac	ing						Bus	siness	5				Hire								
Moored		Roa	d Tra	ınsit																			
MOORING FAILURE																							
Was the accident caused by a mooring failure?									Υ		N												
If answer "Yes", please state																							
Weether and the control of the control										]	N.												
Was the craft on its usual mooring  Date when the mooring was last raised?	D	D		М	М	1 _	Υ	Y	Y	Y	N												
				IVI	IVI											I							
By whom																							
UNATTTENDED TRAILERED CRA										1													
Is your claim for theft of an unattended trailered	craft?								Υ		N												
If answer "Yes", please state																							
Was an anti-theft device being used?									Υ		N												
If answer "Yes", please state																							
UNDER SURVEY										1													
Does your craft require to be under survey?									Υ		N												
If answer "Yes", please state																							
																		 _					
Date of last survey	D	D	-	M	М	] -	Υ	Y	Y	Υ	]												
Date of last survey By whom	D	D	-	М	M	-	Υ	Y	Y	Υ													
	D	D	-	M	M		Y	Y	Y	Y													
By whom	D	D	-	M	M	-	Y	Y	Y	Y	N												
By whom  REGISTERED CRAFT		D	-	M	M		Y	Y		Y   Y	N												
By whom  REGISTERED CRAFT  Is your craft registered?		D		M	M		Y	Y		Y	N												
By whom  REGISTERED CRAFT  Is your craft registered?	D	D	-	M	M		Y	Y		Y	N				the re								

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PERSON IN COMMAND																													
Name																													
Date of birth	D	D	- [	М	М	-	Υ	Υ	Υ	Υ		1	Relatio	onship	of the	e insı	ured [												
Are they licenses to operate the vessel?									Υ		N	If "	"Yes" p	lease a	attach	n a cc	py of	the li	cense	е									
Were they in command with your permission?									Υ		N																		
DAMAGE TO CRAFT																													
State briefly apparent damage to craft																													]
																													-
Where can craft be inspected																								<del></del>					
Telephone number																						-							_
Has an estimate for the repairs been obtained?							,		Υ		N	If "	 "Yes" p	lease a	attach	n a cc	py an	d sta	te										
From whom																													
Telephone number																A	Amour	nt\$											
FAULT																													
Do you consider the accident to be the fault of a	ny oth	ier pe	rson?						Υ		N																		
If "Yes" please state																													
																													-
Their name																								$\overline{\top}$	$\overline{T}$			T	1
Address																								+	+			<u> </u>	
																								Ť	Ť	$\overline{}$			i
Telephone number					Ť																								_
Why do you consider them at fault?																													
																													-
Did they admit liability?									Υ		N																		_
Damage to other property											IN																		7
OWNER OF PROPERTY									.,			1																	
Do you own all the damaged or lost property?									Υ		N																		٦
If "No" please state																													-
Name of owner																													
Address																													
INDEPENDENT WITNESS																													
Were there any witnesses to the accident?									Υ		N																		
If "Yes" please state																													
NAME															ADD	RES	S							TEL	EPHO	ONE	NUM	BER	
																													+
This also did to about		<i>c</i> .																											
This should include any passengers or crew in yo	ur cra	ΙT																											

OTHER CLAIMS																														
Have you made any other insurance claims within	n the p	ast 5	year	s?					Υ		N																			
If "No" please state																														
																									_		_			
Insurance company and branch																							<u> </u>		<u> </u>		<u>_</u>		<u>_</u>	
Property involved and cause of loss																												$\perp$		
OTHER INSURANCE COVER																														
Do you have any other insurance which covers al	l or par	rt of y	our (	claim	?				Υ		N																			
If "No" please state																														
														1				1												
Insurance Company & Branch																									_		4	<u>_</u>	<u></u>	
Property Insured											<u> </u>		<u></u>	<u></u>	<u></u>															
Amount \$																														
SKETCH PLAN OF ACCIDENT																														
Sketch plan of accident and/or continue details o	f the ca	ause	of the	e acc	ident																									
DECLARATION  I DECLARE that all information given to East Africa	an Un	derw	riters	s in co	onnec	tion v	vith t	his cl	aim (\	whet	her o	oral or	writt	en) is	true	and o	orrect	t and	no re	elevar	nt info	orma	ition l	has b	een a	mitte	ed. I f	urthe	r unde	ertake
to forward immediately (and unanswered) any co	orrespo	onde	nce r	elatir	ig to t	his ac	cider	nt.	(			01		, 13					7	_,_,										
Signature																				Date	D	D	-	N	1 1	1 -	L'	Y	/ Y	′ Y

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