

Marine Hull Claim Form



LIFE INVESTMENTS HEALTH INSURANCE PROPERTIES ADVICE

Liberty General Insurance Uganda Limited
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P.O. Box 22938 Kampala, Uganda
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IMPORTANT NOTICE

- 1. 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	<input type="text"/>	
Address	<input type="text"/>	
Telephone number	<input type="text"/>	Cellphone number <input type="text"/>
Business/Occupation	<input type="text"/>	
Name of insured craft	<input type="text"/>	
Type of craft	<input type="text"/>	
Date of accident	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Time <input type="text"/> H <input type="text"/>	

DETAILS OF POLICY

Policy number	<input type="text"/>	Expiry date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of hire purchase or finance company	<input type="text"/>		

DETAILS OF VESSEL

ENGINES			
Make & Model	HP	Year	Engine Hours

DETAILS OF ACCIDENT

Explain what happened. More space is available overleaf for you to continue and provide a sketch plan

Note: If the claim involves Theft, Burglary or Malicious Damage, you must report the loss to the police and obtain a police reference

CONDITIONS AT TIME OF ACCIDENT

Visibility	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor							
Wind (knots)	<input type="checkbox"/> 0-15	<input type="checkbox"/> 15-30	<input type="checkbox"/> 30-45	<input type="checkbox"/> Over 45							
Water	<input type="checkbox"/> Calm	<input type="checkbox"/> Moderate	<input type="checkbox"/> Rough	<input type="checkbox"/> Very rough							
Tide	<input type="checkbox"/> Neap	<input type="checkbox"/> Spring	<input type="checkbox"/> Ebb	<input type="checkbox"/> Flood							
Speed at the time of the accident	<input type="text"/>										Knots

USE OF CRAFT

☐ Pleasure ☐ Racing ☐ Business ☐ Hire
☐ Moored ☐ Road Transit

MOORING FAILURE

Was the accident caused by a mooring failure?

If answer "Yes", please state

Was the craft on its usual mooring

Date when the mooring was last raised? - -

By whom

UNATTENDED TRAIERED CRAFT

Is your claim for theft of an unattended trailered craft?	<input type="button" value="Y"/>	<input type="button" value="N"/>
If answer "Yes", please state		
Was an anti-theft device being used?	<input type="button" value="Y"/>	<input type="button" value="N"/>
If answer "Yes", please state		

UNDER SURVEY

Does your craft require to be under survey?

If answer "Yes", please state

Date of last survey

D

D

-

M

M

-

Y

Y

Y

Y

By whom

REGISTERED CRAFT

Is your craft registered?

If answer "Yes", please state

Registered number Please attach copy of the registration certificate

Registered with

PERSON IN COMMAND

Name

Date of birth - Relationship of the insured

Are they licenses to operate the vessel? Y N If "Yes" please attach a copy of the license

Were they in command with your permission? Y N

DAMAGE TO CRAFT

State briefly apparent damage to craft

Where can craft be inspected

Telephone number

Has an estimate for the repairs been obtained? Y N If "Yes" please attach a copy and state

From whom

Telephone number Amount \$

FAULT

Do you consider the accident to be the fault of any other person? Y N

If "Yes" please state

Their name

Address

Telephone number

Why do you consider them at fault?

Did they admit liability? Y N

Damage to other property

OWNER OF PROPERTY

Do you own all the damaged or lost property? Y N

If "No" please state

Name of owner

Address

INDEPENDENT WITNESS

Were there any witnesses to the accident? Y N

If "Yes" please state

NAME	ADDRESS	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

This should include any passengers or crew in your craft

OTHER CLAIMS

Y

N

[illegible][illegible]

OTHER INSURANCE COVER

Y

N

[illegible][illegible]

SKETCH PLAN OF ACCIDENT

I DECLARE that all information given to East African Underwriters in connection with this claim (whether oral or written) is true and correct and no relevant information has been omitted. I further undertake to forward immediately (and unanswered) any correspondence relating to this accident.

D	D
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-	M	M
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-	Y	Y	Y	Y
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