

Claim No. _____

Policy No. _____

Accident Report form

Section 1: Insured/Owner

Full Name of Insured: _____

Day Phone No: _____

Address: _____

Home Phone No: _____

Mobile Phone No: _____

Fax No.: _____

Email: _____

Are you the owner of the insured vessel?

YES ☐ NO ☐

If NO please advise who is: _____

Are you registered for VAT?

YES ☐ NO ☐

If YES status and VAT No: _____

Section 2: Vessel Details

Name of Vessel: _____

Class of Vessel: _____

Hull or Vessel Identification No: _____

Small Ships Registry No: _____

Section 3: Skipper/Crew

Who was in charge of the vessel at the time of the incident?

Full Name: _____

Day Phone No: _____

Address: _____

Home Phone No: _____

Mobile Phone No: _____

Fax No.: _____

Number of years boating experience?: _____

Email: _____

Boating qualifications if any: _____

Please state the number of people on board with their name and status e.g. navigator, helmsman, crew: _____

Section 4: Details of incident

Date of incident:	Time:	Precise Location:
Speed of vessel:	Depth of water:	Ebb/Flood Tide:
Direction and speed of current:		
Direction and speed of wind:		
Please state the purpose for which the vessel was being used at the time of the incident:		
Was the vessel racing or under preparatory signal at the time of the incident? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If racing was a protest made? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES who made it and what was the outcome?:		
In your opinion, was the casualty due to a fault in design/fault in manufacture/fault in materials/inadequate strength? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If YES please give details of the supplier/builder/manufacture:		
Have you taken the matter up with them? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES what response have you had?:		
Who in your opinion was responsible for the incident and why? Please give details as to what rules you consider to be relevant and why:		

Section 5: Mooring failure

If the mooring to which your vessel was attached dragged or broke, please give details of it's type and specification, confirming which part failed and why?:

Who is responsible for the laying and maintaining of the mooring?:
When was this laid and by whom?:
When was it last inspected and by whom? (If you have a mooring contract or invoices for the maintenance please supply copies.):

Section 6: Mast/Spars/Sails/Rigging

If loss or damage has been sustained to your mast/spars/sails/rigging please confirm:

Make/section of the mast/spars and their age:
Make/material of the sails, their age and when they were last valeted:
The age of the rigging and when this was last inspected and by whom:
The cause of the failure/damage:
Where can the damaged parts be inspected?:

Section 7: Machinery

If your outboard/inboard or outdrive is involved please confirm the following:

Make:	Model:	HP:
Serial No:	Year of Manufacture:	Current Market Value:

Section 8: Tender Dinghy

If your tender dinghy has been lost or damaged please confirm the following:

Make:	Model:	Length:
Serial No:	Year of Manufacture:	Current Market Value:
Was she marked with the name of the Parent Vessel or other identifying mark?		
Any other distinguishing features:		

Section 9: Damage/Repairs

Please give full details of the damage/loss sustained to your vessel:

Are you prepared to carry out your own repairs? YES ☐ NO ☐ If YES please supply your own estimate.

Have you obtained written estimates? YES ☐ NO ☐

If so, please forward as soon as possible. If you have been given a verbal indication please give approximate figure:

Where is the vessel lying and in whose charge?:

Full description of property lost, destroyed or damaged with model and serial numbers	Are you the sole owner?	Date of manufacture	When purchased	Price paid	Estimated cost for repair or replaced if repair not possible	Sum claimed

Estimate for any repair work, and damage repairs. (Continue on separate sheet if necessary):

Section 10: Statement

Please give a full and concise report of the incident, together with a sketch if appropriate:

Section 11: Third parties

If a Third Party is involved, please give details below, names, addresses, name(s) of vessel and damage sustained to their vessel:

Has any claim been made against you? YES ☐ NO* ☐

If YES please pass onto us any correspondence you have received. Do not admit liability or make any offer or promise, merely acknowledge any correspondence indicating that the matter is receiving attention.

Section 12: Salvage

If any salvage services have been rendered, please give full details, including names and addresses of those who claim to have rendered such service and under what circumstances:

Section 13: Witnesses

If any salvage services have been rendered, please give full details, including names and addresses of those who claim to have rendered such service and under what circumstances:

Section 14: Other insurance

Do you have any other insurance policy i.e. Personal Liability cover, under your Household policy, which may cover you in respect of this incident? YES ☐ NO* ☐

If YES please notify them and give details:

Section 15: Declaration

I/We hereby declare that the particulars on this form are true. I/We acknowledge that any misleading, false or untrue statement, will mean that my/our claim will not be paid.

Signed:

Dated:

Signed:

Dated:

This form must be completed by the Insured(s)/Owner(s) of the Insured vessel

NB: Please note that Haven Knox-Johnston are able to settle claims on behalf of MS Amlin, under a delegated authority agreement.

Any claim outside of our authority has to be agreed by your Insurer.

This insurance is underwritten by MS Amlin Insurance SE and administered by Haven Knox-Johnston.

Data Protection

Your information has been, or will be, collected or received by Haven Knox-Johnston. We manage personal data in accordance with the data protection law and data protection principles. We need personal data so that we can provide you with boat insurance that's shipshaped around you, and other services, and we'll collect the personal data necessary to do this. This may be personal information like your name, address, contact details, identification details, financial information and risk details. You can find the full Data Privacy Notice at www.HavenKJ.eu/privacy-notice or you can get a paper copy of the Data Privacy Notice by contacting us on +353 (0)57 8694069 or by writing to us at 48 Ringsend Road, Dublin 4, D04 EK2K, Ireland. Our data protection compliance officer can be contacted at; Howden Insurance (Ireland) Limited, 48 Ringsend Road, Dublin 4, D04 EK2K, Ireland, or by email at compliance@howdeninsurance.ie

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