

Claim No. _____

Policy No. _____

Theft Claim form

Full Name of Insured: _____

Address: _____

Day Phone No: _____

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: _____

Type/Class of Vessel: _____

Name of Vessel: _____

Total Value _____

Location/full address from which theft/loss occurred: _____

Whether ashore or afloat?: _____

Start date and time when theft was _____

Committed: _____

Discovered: _____

By whom was it discovered? (Full name and address): _____

By whom was such discovery witnessed? (Full name and address): _____

When was the vessel last attended or stolen items last seen?: _____

Where were items stored?: _____

How was entry gained to vessel or premises?: _____

What locks or security precautions were used?: _____

If the stolen items were not on the vessel or in secure premises, please can you describe where they were located and why?: _____

Was the vessel or stolen items in anyone's custody or control? If so give details: _____

Are the items claimed for insured elsewhere? If so please give name and address of insurance company and policy number: _____

Statement

Please give below a full and concise report of this incident:

Outboard motor

Make/Horsepower:	Sum claimed	
Serial number of outboard:	Model number:	Year:
Advise make of lock by brand name and type:		

Tender Dinghy

Make:	Description:	Sum claimed
Was she marked with the name of the parent vessel or identification numbers?:		

Declaration

I/We declare that the whole of the statements made in this Claim Form and any supplementary statements forming part of this claim are true in every respect and I/we agree that if any false or untrue statement has been made, the right to recover under this Policy shall be absolutely forfeited.

I/We further declare that no other person has an interest in the property for which this claim is made, whether as owner, mortgagee, trustee or otherwise, and that the said property is not otherwise insured against burglary with this or any other office.

Claimant's Signature: _____

Occupation: _____ Date: _____

NB: 1. The amount to be claimed on any article is limited to the actual intrinsic value at the time of theft.
2. Receipts obtained at the time of purchase of articles should be attached wherever possible.
3. 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.

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

Lismard Court, Portlaoise, Co Laois, Ireland

For enquiries, quotes and renewals: +353 (0)57 8694069 | hello@havenkj.eu For claims: +44 (0) 1732 223 610 | claims@havenkj.eu

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