

Claim No.	
Policy No.	

Theft Claim form

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:
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 ad	ddress):	
By whom was such discovery witnessed? (Ful	I name and address	s):
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 use	dę:	
If the stolen items were not on the vessel or i	n secure premises,	please can you describe where they were located and why?:
Was the vessel or stolen items in anyone's cus	stody or control? It	f so give details:
Are the items claimed for insured elsewhere?	If so please give na	ame and address of insurance company and policy number:

ate address and police station	on where loss/theft was reported stating	date and crime reference numb	oer.		
nat steps have been taken to	o recover property (i.e. notice in yacht clu	b/marina, oπer of reward, notic	e in local newspaper etc.):		
nat steps have you, or are yo	u taking to prevent a recurrence?:				
here is no evidence of theft	, or forcible entry has a thorough search	peen made for the missing prop	erty?:		
Full description of articles stolen	When and where purchased or, if a gift, the name and	Price paid	Sum claimed		
u. 0.0.00 00010	address of giver				
Estimate for any repair wor	k, and damage repairs. (Continue on sepa	rate sheet if necessary):			

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

Statement

Outboard motor

Make/Horsepower:	Sum claimed	
Serial number of outboard:	Model number:	Year:
Advise make of lock by brand name and typ	e:	
Tender Dinghy		
Make:	Description:	Sum claimed
Was she marked with the name of the parel	nt vessel or identification numbers?:	
~		
Declaration		
	tements made in this Claim Form and any sup and I/we agree that if any false or untrue stat lutely forfeited.	. ,
	rson has an interest in the property for which that the said property is not otherwise insure	

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 MSIG Europe SE, under a delegated authority agreement. Any claim outside of our authority has to be agreed by your Insurer.

Data Protection

Claimant's Signature: ____

Occupation: _

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 MSIG Europe SE and administered by Haven Knox-Johnston.

Lismard Court, Portlaoise, Co Laois, Ireland

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

_ Date: __