

Security & General Insurance Company Limited

Marine Accident Report Form - Policy

1. Policy Holder Details

Name		Cover:	
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Tel. # Home:		Tel. # Work:	
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2. Driver Details (if applicable)

Name	
Address:	
Occupation:	

Age		Date of Birth:	
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Tel. # Home:		Tel. # Work:	
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Has the accident been reported to the relevant authorities:	Y	N
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If you are not the Policyholder, did you have permission to use the vessel?	Y	N
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3. The vessel

Hull Make, Model & Year of Manufacture		Length	
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Engine (s) Make, Model & Year		Hp rating	
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		Registration #	
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Bank loan details	
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If you have a bank loan, are your payments up to date?	Y	N
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If your vessel was damaged prior to the accident, please give details below:

Particulars of the damage to the insured's vessel as the result of the accident:

Vessel location	
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Estimated cost of repairs	
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Number of passengers	
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4. Accident/Loss Details

Date		Time		Weather & sea conditions	
Approximate location					
	Insured Vessel		Third Party vessel		
Estimated speed					
What lights were used					

Please describe the details of the incident and provide a sketch of the accident scene (continue on the back of this page if necessary)

5. Witnesses

Name and address	1.	
	2.	

6. Particulars of the passengers

Name	Address	Occupation	Insured, Third Party	Nature of any injuries and hospital attended.

7. Third Party details

Name		
Address		
Telephone numbers		

Hull		Length	
Year		Registration	
Name of Insurer			

Description of damage to other vessels or property

I/We understand and agree to the payment of the policy deductible in the amount of (*refer to underwriters*) as specified in the policy.

I/we declare the foregoing particulars to be correct according to my information and belief. I/we understand that you may seek information from other insurers to verify the report given above. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Signature		Date	
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