



Ferryman Underwriting Agency Ltd
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Statement of Loss/Claim Form

PLEASE COMPLETE LEGIBLY IN BLOCK CAPITALS

- Please note it is your responsibility to act as though uninsured at all times and you should take all necessary steps to safeguard the vessel, minimize the loss and prevent further deterioration.
- Underwriters' liability is limited to the reasonable cost of repairs. For your own protection it is wise to obtain at least two written quotations and underwriters' consent before repairs commence. In the event of an emergency repair affecting the vessel's seaworthiness following a casualty you should act as though uninsured.
- You must not admit liability to any third party without underwriters' consent.
- Until underwriters are in possession of all the facts concerning the incident/loss they will be unable to confirm whether they are liable under the terms and conditions of the policy.

• Certificate/Policy No:

Policy Period: 12 months @

SECTION 1 - ASSURED

• Name of Insured:

• Insured's Address:

Postcode:

• Telephone No (Home):

(Work):

Fax No:

• Are you registered for VAT:

Yes No

Section 2 - Vessel

• Name:

Type of Class:

• Material of Hull:

Built by (if known):

• Year Built:

• Engine - Inboard / Outboard (delete as applicable):

Year Made:

• Manufacturer:

Horse Power:

• Serial Number:

Section 3 - Accidental Damage (Excluding Theft)

• Date of Occurrence:

Time:

hours

Location:

• Wind Speed:

Wind Direction:

Sea State:

• Nature and extent of loss or damage to vessel:

Section 4 - Theft

- What has been stolen? (if necessary, continue on a separate sheet of paper). Written estimates are required as soon as possible:

- When was the loss or damage discovered?:

- When was the property last seen?:

- Situation of premises or place where theft occurred:

- Explain in detail how the thieves gained access:

- Were the premises locked?:

Yes No

If "No" describe how property is otherwise secured:

Outboard Motor

If not stolen from locked premises or other locked place of storage, was outboard secured by an anti-theft device in addition to its normal method of attachment?:

Yes No

- If "Yes" describe anti-theft device:

- Name and telephone number of Police Station and name of Officer to whom the loss has been reported:

- Have any other steps been taken to recover the property?:

Yes No

If "Yes" please describe:

SECTION 5 - CLAIMS LODGED BY THIRD PARTIES

(Unless we hear from you to the contrary, we shall handle the claim presented by the third party on your behalf and we will, at our discretion, make payments with or without any formal admission of liability)

- If damage to any other vessel or property is involved give full details (and forward correspondence received):

- What is your view on the question of responsibility for this incident?:

- Names and addresses of witnesses:

Declaration

I/We hereby declare that the above answers and particulars are, to the best of my/our knowledge and belief, true and correct in every respect. I/We have not withheld any material information relative to this claim.

Signed:

Date:

Full name and status:

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