



Allied Insurance Company of the Maldives Pvt Ltd

#04-06 S.T.O. Trade Centre, Orchid Magu, Male', Republic of Maldives. Tel: (960) 32 46 12, Fax: (960) 32 50 35
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HULL CLAIM FORM Loss or Damage to Assured's Vessel Only

Claim Number

Please answer all questions in full. Any delay returning this form may prejudice your claim under the Policy. The Insurer do not admit liability by the issue of this form.

ASSURED

Name
Address Te.l No.

POLICY DETAILS

Policy No Expiry Date.....
Name of Vessel Registration No.....

HELMSMAN/DRIVER (Person in charge at time of accident)

Name
Address Tel. No.
Relationship to Assured (if applicable) Age
Boating Licence No..... Class How long has licence been held?
Has Licence ever been endorsed or suspended, or the Helmsman/Driver convicted of any Maritime offence?
(give details)

ACCIDENT DETAILS

Date Time Location

Weather Conditions

Sea Conditions

For what purpose was vessel being used at time of accident? Tick where applicable.
 Hire Business Pleasure Racing Road Transit

Waterborne accidents

(a) Speed of vessel at time of accident (power vessels only)

(b) Were skiers being towed and if so, how many?

Explain fully how accident occurred (sketch may be attached)

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DETAILS OF LOSS OR DAMAGE (A quotation for repair will be required)

Estimate of Loss

Where can vessel be inspected?

Contact Tel.No.

In your opinion was the accident your Helmsman/Driver's fault?

If so, (a) why?

(b) Have any claims been made on you?

Or if not, (a) who was to blame?

(b) Did such person admit any liability?

Note:- No liability of any sort shall be admitted nor any offer promise or payment made by the assured to claimants nor legal expenses incurred without the written consent of the Insurers who shall be entitled if they do desire to take over and conduct in the name of the Assured the defense of any action, or to prosecute any claim for indemnity or damages or otherwise against any third party.

The Assured also undertakes to send to the Insurers as soon as possible, all claims, letters, summonses or writs relating to any accident addressed to the assured or to the Assured's servants by the authorities or by third parties.

Name of any independent witness

Name Address Tel. No.

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POLICE REPORT

Was the incident reported to the Police or Maritime Authority?

Did you sign a statement?.....

State office's name..... Number Stationed at

Has any action been taken or threatened?Against whom?

If so, what action?

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I hereby declare that my answers to the foregoing questions and particulars are to the best of my knowledge and belief true and correct.

Insured's Signature Dated at 20

NOTE:
Should the claim be in respect of (A) Damage to Other Vessels or Property or (B) Injuries to Third Parties or Fare Paying Passengers, the appropriate Schedule (A or B) should also be completed and attached to this form.