

CLAIM FORM Yacht

Claim no	
Deductible	Reserve

Policy holder's name		Insurance number	
Address		Date of damage	Date when reported to Atlantic
Postal code and city		Phone daytime	evening
Boat manufacture and model		Hull number	Registration number
Value of the boat before damage	Year of manufacture	Engine manufacture - model/year	Stern drive - model/year
Place of damage/theft		<input type="checkbox"/> On land Was the boat for hire? <input type="checkbox"/> At sea Yes <input type="checkbox"/> No <input type="checkbox"/>	
Who was driving the boat at the time when damaged?	Did the damage happened during sail race?	Have a protest been made?	Speed when grounding
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where and when can the damage be inspected?			
Have a repair man inspected the damage? If "yes" Name and phone number			Estimated cost
Yes <input type="checkbox"/> No <input type="checkbox"/>			

DAMAGE TO THIRD PARTY'S PROPERTY OR PERSON

Third party's name address and phone	Are you liable for the damage?
	Yes <input type="checkbox"/> No <input type="checkbox"/>

DAMAGE TO THE INSURED BOAT

Sea damage <input type="checkbox"/>	Laying up damage <input type="checkbox"/>	Fire <input type="checkbox"/>	Theft/Vandalism <input type="checkbox"/> (police report to be sent to Atlantic :)
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ESTIMATED COMPENSATION FOR THE DAMAGE (not applicable for liability damage)

Object	Manufacture	Year of manufacture	Estimated cost	Note for Atlantic:

Please proceed on the back side

COURSE OF EVENT (please attach a picture/drawing)

Please proceed on the back side

POLICY HOLDER'S SIGN (mandatory)

Here by assure the correctness of the information filled in this form

Place and date	Policy holder's own sign
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