

# Marine Damage Claim Form

Policy Number

Claim Number

## 1. Your Personal Details \*if relevant please provide business name and VAT details

Full Name

Main telephone

Email address

Address

Business Name

VAT Reg. No.

## 2. Boat details

Name of vessel

Age

Make of vessel

Value

£

## 3. Incident details

Do you consider yourself to be at fault? Yes  No 

Date &amp; Time

Explain fully how events giving rise to your claim occurred. Please include detail such as speed, depth of water, weather conditions, wind etc (continue on back page if necessary and provide a sketch). If the policy holder was not in charge of the vessel at the time of the incident, please give name, age, address and occupation of the person in charge together with their particulars of qualifications and experience.

Was the vessel racing at the time? Yes  No 

If yes please give details

## Description of damage

Give full details of damage to vessel

## Repairs to your craft

Approximate cost of repairs / replacement

£

An estimate from a repairer should be submitted as soon as possible (please ensure that the estimate clearly indicates the split between parts and labour. The hourly labour rate cost must be advised)

What was done to minimize the loss or damage?

Continued

Where can the craft be inspected?

### Third parties

Give full details of damage or injury and names and addresses of all persons concerned

Amount of claim made on you

£

By whom?

Note: If you have received notification of a claim from a third party in respect of loss or damage, please forward full details to us immediately. You should not enter into any correspondence with any third party. You should not disclose that you have insurance cover, admit liability, or make any offer or promise of payment.

### Witnesses

Include all names and addresses (use separate sheet if necessary). Please indicate if witness was a passenger in the vessel at the time of incident.

## 4. Declaration

I declare that the above answers and particulars are true and complete in every respect and that there is no other insurance in force covering my liability.

I confirm I authorise Towergate Mardon to handle my claim on behalf of the insurers

Signature of insured

Date

### Important:

No payment, settlement or admission of liability must be made without the consent of the company. Every notice written or verbal or any claim or legal proceedings must be forwarded to the company immediately. Do not acknowledge it yourself. In order to prevent and detect fraud we may at any time share information about you with other organisations and public bodies, including the Police

Please return completed forms to:

Email: [mardonclaims@towergate.co.uk](mailto:mardonclaims@towergate.co.uk)

Post: Towergate Mardon Claims Dept. New Zealand House, 160-162 Abbey Foregate, Shrewsbury, Shropshire. SY2 6AL

Fax: 0870 156 6378

For any queries call our claims team on **0844 892 1320**