



MARINE HULL CLAIM FORM

The Insurers do not admit liability by the issue of this form.

Claimant:

Address:

Phone: Fax: Email:

Vessel Name: Type:

Is the vessel entered into SSM system? **Yes / No** *(please circle)*

If yes, which one?

Date Entered / /

Certificate issued **Yes / No**

Please answer the following questions

1. Exact time of incident am pm Date / /

2. Where did the incident occur?

Latitude Longitude

3. What happened?

4. For what purpose was the vessel being used?

5. Speed at the time of incident Tide

Weather conditions:

Visibility good fair very poor
Water calm moderate rough
Wind under 15 15 - 29 30 - 40 over 40 knots

SOUTHERN CROSS ASSURANCE LIMITED

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Please answer the following questions *cont...*

6. a) Name of person operating the vessel at the time of the incident

b) What is their relationship to the Assured?

c) Is this person the usual master? **Yes / No**
If no i) why was the person operating the vessel?

ii) please provide details of their qualifications/experience

d) Were any drugs or alcohol consumed by the person named in 6(a) within the 24hrs prior to this incident? **Yes / No**

7. a) Name other person(s) on the bridge at the time of the incident

b) How many crews were onboard the vessel at the time of the incident?

c) Please provide details of qualifications/experience of all the crew (*use a separate sheet of paper if necessary*)

d) Please provide details of the watchkeeping regime in force on the vessel

8. Has the National Maritime Safety Authority been advised of the incident? **Yes / No**
If no, please advise reason(s)

If yes, please advise Location of NMSA office Date advised / /

Name of person advised

How was this communicated to NMSA phone fax other (*provide details*)

Did you use a NMSA Accident and Incident Report? **Yes / No** *if yes, attach a copy*



Please answer the following questions cont...

9. Please give full details of the damage to the insured vessel

10. Where can the vessel be inspected?

11. Has an estimate for the cost of repairs been obtained? **Yes / No**

If yes, Amount K From whom?

12. What action, if any, has been taken to minimize loss/damage or liability?

13. Did you own all the damaged/lost property? **Yes / No**

If no, please state owner's name and address

14. a) Do you have any other insurance which may cover this loss? **Yes / No**

If yes, please provide details of insurance company and address

b) Have you previously had any insurance claims? **Yes / No** If yes, details on a separate sheet.

15. If theft/burglary/malicious damage, have the police been notified? **Yes / No**

If no, why not

If yes, station reported to Date / /

NOTE: Please attach police complaint acknowledgement form.

16. If burglary/theft, please advise how incident occurred and what security arrangements were in place at time of loss

NOTE: For burglary/theft claims please attach details of items stolen including purchase price and date.



Please answer the following questions cont...

Liability to Third Parties: No liability should be admitted by you, or any offer made to compensate for damage. All communications received should be forwarded to your broker or us immediately.

17. Please provide details of damage to third party property

18. Provide name and address of the owner of the other vessel or property

19. Did you consider the incident to be the fault of any person other than yourself? **Yes / No**
If yes, please give details

20. Did the other person admit liability? **Yes / No**
If yes, please give details

21. Estimate of damage to third party property

22. Loss of earnings (*if insured*) - number of days unable to operate

23. Details of rental/replacement vessel costs

- The claim form collects personal information about you;
- The information is collected to evaluate your claim;
- The intended recipient of the information is Southern Cross Assurance Limited;
- The information is collected and held by Southern Cross Assurance Limited;
- The collection of this information is required pursuant to your insurance policy;
- The failure to provide this information may result in your claim being declined;

Declaration

I/we declare that the above statements are true and correct and I/we have not withheld any material information which will directly or indirectly affect this claim.

Signature of Claimant: _____ Date / /

Print Name: _____ Position _____