



R · J · P
MARINE
Insurance

1-7 Dunstall St
 Scunthorpe
 N Lincolnshire
 DN15 6LD
 Tel: 01724 855510

CRAFT: ACCIDENT CLAIM

Please answer all questions on this page as fully as possible and relevant sections on other pages.

POLICY NO _____
 RENEWAL DATE _____

Customer Service Charter

We aim to provide:

- A high quality, efficient and helpful service
- A swift and courteous response to all claim forms, associated documentation or correspondence
- Prompt payment in respect of valid claims following their authorisation
- A speedy indication that a claim cannot be met until further information is received
- Up to date information on the current position of your claim it cannot be paid quickly

Fraud Prevention and Detection

In order to prevent and detect fraud we may at time:

- Share information about you with other organisations and public bodies including the Police;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to:
 - Help make decisions about the provision and administration of insurance, credit and related services for you and members of your house hold;
 - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
 - Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

Claims History

- Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.
- We may search these databases when you apply for insurance, in the event of any incident or claim, or at any time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

In assessing any claims made, the insurer and its agents may undertake checks against publicly available information (such as electoral roll, County court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

Policy Holder	
Full Name _____	
Home Address _____	
_____ Pcode _____	Tel No _____
a) Is the insured registered as a taxable person for VAT?	YES/NO*
b) If the insured is registered for VAT, if full remission of input tax obtained?	YES/NO*
c) If only partial remission of VAT is obtained, state last annual adjusted % of tax _____%	

Craft
Make _____ Model _____ Year of Make _____
Hull No. _____ Eng No. _____ Datatag Reg No. _____
If craft is subject to hire purchase agreement, state name of finance company, address & Agreement number _____

State fully the purpose of which the craft was being used _____

Damage to insured craft
What damage was caused to the insured craft? _____

Repairer's name, address and telephone no. _____

In all cases where your craft is damaged and you are entitled to claim under the policy, please send an estimate for repairs to the Company immediately
Is the craft at the repairer's premises? YES/NO*
If not, where is the craft now? _____
Where will it be taken in for repair? _____
Do you have any objection to the craft, if appropriate, being moved to an alternative repairer? YES/NO*

Accident
Date _____ Time _____ am/pm*
Place _____ Speed at time _____ mph/knots*
Weather _____ Visibility _____ yards
Who was driving at the time? Give name, age, address and telephone no.

State fully what happened _____

Accident (continued)

Rough plan of accident.

State names and addresses of all: -

a) Passengers _____

b) Independent Witnesses _____

Was the incident reported to or attended by the Police, Coastguard or RNLI? YES/NO*
If so please give details including any reference numbers _____

Other craft involved Please continue on separate sheet if necessary.

Name and address of owner
Name _____ Make/Model/Name _____

Address _____

_____ Post Code _____

Insurers and Policy No _____

Apparent damage _____

Other property damage (apart from craft)

Please continue on separate sheet if necessary.

Name and address of owner (if known) _____

Nature of damage _____

Name and address of owner (if known) _____

Nature of damage _____

Persons injured

Name and address (State whether on board another craft or on board your own craft hospital)	Apparent injuries	Taken to
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Has any claim been made or intimated against you as a result of this incident?	YES/NO
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Any communications you receive about the accident should not be answered but sent to RJP Marine immediately

Declaration

I declare that these particulars as true to the best of my knowledge and belief.

Sensitive data

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents

Signature _____ Date _____

