

delta lloyd

Policy number	File number:	
Name		
Address		
Zip code/Town		
Telephone		
Bank/Giro account no		
Name insurance agent		
Has this claim been reported already	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, to whom		
What is the name of the insured craft		
Who was steering the craft during the accident		
His or her address		
Was the craft let during the accident	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was it lent to any third party	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please state name and address of the person who hired or borrowed the craft		
Had the latter taken out insurance for the craft	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, state name of insurance company		
Policy number		
State purpose for which the craft was used during the accident		
Was the craft used for racing when the accident happened	<input type="checkbox"/> Yes	<input type="checkbox"/> No
When did the accident happen	Date:	Time: am/pm
Where did the accident happen		
During the accident, was the craft	<input type="checkbox"/> Moored <input type="checkbox"/> Sailing <input type="checkbox"/> Engine used	
Was the craft towed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, by which other craft		
State names of skipper and owner of towing craft		
Please state particulars of the circumstances of the accident. State width of waterway, direction of wind, view and course of own craft.		
If a collision had occurred with another boat, please give particulars of this vessel stating direction of current, rate of flow etc.		
If necessary, make sketch		

Note If the craft was let or lent, please enclose statements of persons involved.

Names of other people who witnessed the accident

Has the police made report

Yes No

If so, state police station

Can the damage be recovered because somebody else is to blame

Yes No

If so, who (please state name and address)

Why is this party to blame

Damage to own craft

Describe damage to your craft

Estimated damage to your craft

Estimated by you or repairer

Where and when can the damage be inspected

Third party damage

Was any damage or bodily injury inflicted upon third parties

Yes No

If so, what was the damage

Bodily injury Material damage

Who was injured or who is the owner of the damaged goods

Is this person insured himself

Yes No

If so, with which company

Have you been approached for compensation of third party damage

Yes No

By whom and for which amount

Note Please forward all documents to Delta Lloyd without answering them

Do you think you are liable or the skipper of your craft for the damage or injury to the third party

Yes No

If so, why

If not, why not

Are there any other particulars in respect of this accident

Name insurance agent

Code no

Address

Zip code/Town

Privacy rules

Personal details supplied in this form and possible later details may be registered by the company (or, if the insurance has been effected through an Underwriting Agent: the Underwriting Agent) in its administration. Privacy rules apply to this registration.

Notification of this registration to the 'Registratiekamer' took place on 29 June 1990. A copy of the registration form is available for personal at the company's office.

The information supplied may also be reported to the Central Information System for Non-life Business administered by the insurance companies in the Netherlands. Notification of this registration to the 'Registratiekamer' took place on 23 April 1990. A copy of the registration form is available for perusal at 'Stichting CIS', Westblaak 108, 3012 KM Rotterdam.

Place

Date

Signed