



# *yacht*CARE

## Yacht Insurance Claim Form

### Instructions in case of an insured event:

- ◆ Please describe the course of events leading up to the occurrence of the damage and attach preliminary repair estimates and photos of the damage. Where damage is caused by collision, we additionally require a detailed sketch of the course of events, under the Additional Information section.
- ◆ Immediately (or at least within a 48-hour timeframe after discovery) inform the Police of any loss or damage due to malicious acts or theft
- ◆ Please note that you may only make the necessary arrangements for repair once you have given the insurer sufficient opportunity to inspect the damaged vessel. The Underwriters must be able to verify the nature, extent, cause and cost of any damage, except when they specifically renounce this prerogative.

### Mandatory documents for the handling of any claim:

- ◆ Registration documents or equivalent document (depending on the vessel's flag);
- ◆ Valid nautical license of the person driving the vessel at the time of the accident;
- ◆ ID of the Owner and the Insured

### INTERNAL USE ONLY

Claim Number:	Policy Number:
	Intermediary:



**COSMOS**  
**INSURANCE**

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### HEAD OFFICE

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## General Information

### Insured/Owner

Full Name:

Business or Occupation:

Postal Address:

Post Code:

District:

Town/Village:

Tel:

Email:

### Navigator

Who was in charge of your vessel at the moment the accident occurred?

*Provide name, age, address and occupation, together with particulars of qualifications and experience in handling the craft*

### Vessel Details

Name of Vessel:

Age:

Full Value: €

Type of Vessel:

Crew Carried:

For what purpose was the vessel used at the time of the accident?

### Details of Incident

Date:

/ /

Time:

Cause:

Place of occurrence:

Was the vessel racing at the time of the accident?

Please state weather conditions/wind direction/beaufort scale force:

Explain fully how events giving rise to your claim occurred:

*Include details such as speed, depth of water etc (if necessary, continue on back page and provide sketch*

### Witnesses

Passengers in vessel *(Include all names and telephone numbers)*

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Independent Witnesses (Include all names and telephone numbers)

### Description of Damage

**PLEASE COMPLETE THE CORRESPONDING SECTION(S) ACCORDING TO THE TYPE OF LOSS OR DAMAGE SUSTAINED**

#### Damage sustained by the Vessel

Was an engine cut-out device in operation at the time of the accident? YES / NO

If "NO", please provide details as to why not

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#### Repairs to the Vessel

Approximate cost of repairs or replacement: €

What was done to minimize the loss or damage?

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Where can the vessel be inspected? Please provide contact details

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#### Third Parties

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

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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 admit liability or make any offer or promise of payment.

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#### Details of Theft

When was the vessel last seen?

When was the theft discovered?

Please give name and address of the person who discovered the theft

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Were any security precautions or anti-theft device(s) fitted to the Vessel or to the trailer? If "YES", please give a brief description below

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How was entry made into or from the storage area?

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Please give contact details (name, police officer, telephone number) of the police station to which the loss has been reported

<b>Items Stolen/Damaged</b>				
Full description of article (including manufacturer, model, serial number)	Manufacture & Purchase Date	Replacement cost (€)	Repair Cost (€)	Amount Claimed (€)
			<b>Total</b>	<b>€</b>

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### **Additional Information**

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### **Declaration**

I/We 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/our loss. I/We authorize *Cosmos Insurance Company Public Ltd* to handle My/Our claim.

Furthermore, I/we have been informed by and give my consent to *Cosmos Insurance Company Public Ltd* to share information with other Organizations and Public Bodies, including the Police in order to prevent and detect fraud and handle effectively this claim.

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Signature of Insured:		Date:	
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