

MARINE HULL INSURANCE CLAIM FORM [PLEASURE BOATS]



(THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER. THIS FORM MUST BE RETURNED IMMEDIATELY WITH ALL QUESTIONS FULLY ANSWERED WHETHER A CLAIM IS LIKELY TO ARISE OR NOT.)

Insured's Name	
Address	
Contact/Phone	

Notification of Physical Loss or Damage

Claim No.	Policy No.
Period of Insurance.	
1. Details of the Boat/Vessel.	
a) Name/Identification: Registration No..... b) Type : Length O.A. c) Beam Draft: d) Material of Hull : Registered Tonnage:	
2. Date, time and Place of loss/accident. [If offshore, state approximate distance from coast]	
3. Describe the accident /occurrence. [Also, please attach Police /Coast Guard report; if the loss is due to fire or collision or malicious damage or theft or caused by third party, etc.]	
a) Name of the person steering the boat at the time of accident; how far he was experienced? [Enclose license copy]	
b) Nature of damage/loss suffered.[Enclose service report)	
c) Where do you intend to repair the boat/engine?	
d) Place and contact details where the boat can be inspected.	

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Damaan Islamic Insurance Company – Beema (Q.P.S.C)

CR: 43652 Tel (+974) 44050555 Fax: (+974) 44050505

P.O. Box 11068 Lusail – Qatar, Paid up Capital QR 200,000,000

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e) State estimated amount of claim and forward repair estimate, listing parts cost and labour charge.	
f) Are the damaged item(s) under any Guarantee from Supplier/ Manufacturer / Repairer? If so, give details.	
g) State the Salvage value of the damaged items.	
4. Is there any injury to any person? Give Details.	
5. Is there any damage to any other boat or property? Give details. [Please attach Police Report when available]	
6. Are there any other insurance covering the loss or any part thereof? If yes, give details.	
7. Any other particulars you wish to declare, relevant to the claim.	

The undersigned Insured declares that the foregoing particulars are true and correct.

Place:.....

Date:.....

Insured's seal and Signature.

*** (This form is to be signed only by an authorised representative of the Insured.)**

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