

SKIPPERS LIABILITY INSURANCE CLAIM FORM

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Policy No.:	Claim No.:
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A. Policy Holder

First name, surname:

Address:

Phone:	Mobile:
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Email:

Boat (type and name):

Skipper at the time of the claim event:

Driving/Sailing license (type/no.):

Location of loss event:

Date of loss event/time (local):

In which form have claims been lodged? Please enclose correspondence if existing.

Are you partially or completely responsible for the damage/claim? Yes No

In your opinion, is the claimant fully or partially responsible for the damage/claim? Yes No

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B. Claimant/Injured person

First name, surname:	
Address:	
Phone:	Mobile:
Email:	
Boat (type and name):	
Year of construction:	
Skipper at the time of the claim event:	
Driving/Sailing license (type/no.):	

Detailed description of the loss event/claim; please enclose sketch

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Bank data (name of the bank):	
IBAN:	Swift/BIC-Code:
Account Holder:	

Please note that whenever an insured event occurs, you must provide complete and true information. The insurers would point to the fact that in case of a breach of the existing obligation to provide information or explanations, there is a risk that they would be released from the obligation to provide benefits. Should a third party be entitled to the benefits payable under the contract, the said third party is equally obliged to provide information and explanations.

Place/Date:	Signature Policy Holder:	Signature Skipper, if not identical with Policy Holder:
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