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DEPOSIT INSURANCE

CLAIM FORM

Policy No.:	Claim No.:		
Policy No	Claii i No		
Policy Holder			
First name, surname:			
Customer No.:			
Address:			
Phone:	Mobile:		
E-mail Address:			
Bank data (name of the bank):			
IBAN:	Swift/BIC-Code:		
Account Holder:			
Full address, if not identical with the Policy Holder's:			
Type of boat:	Name of boat:		
Hull No.:	Year of construction:		
Do any further insurances exist for this deposit? If yes, please indicate address of insurer, policy no. an	d where applicable, claim	Yes	No
m yes, pieuse maieute adal ess of misurer, policy no. am	а чисте аррисавте, стапти		
Did the damage occur during a regatta or a training fo	or a regatta?	Yes	No
Short description of the loss event			
Collision with	Grounding	Stranding	5
Fire/explosion Lightning	Broken Mast	Capsizing	J
Sinking Theft Other			
3			



DEPOSIT INSURANCE

CLAIM FORM

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Location of loss	Latitude o ,			
(Place/Country)	Longitude o , (N/S W/E)			
Date of loss event:	Time(local):			
Weather conditions:				
Wind force and direction:				
State of sea:	Sight:			
Skipper at time of the occurrence of the damage:				
Address:				
Driving/Sailing licence (type/no.):				
Number of crew-members:				
Estimated claims amount:				
Which arrangements have been made to minimize the claim?				
Did a survey already take place? Yes, by	whom? No			

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DEPOSIT INSURANCE

CLAIM FORM

Did a responsible authority make a report/protocol?	Yes	No
If yes, which authority? Eventually enclose the report:		
Other involved vessels:		
Type and name of the vessel, eventually license plate:		
Owner (name/address/phone):		
Skipper (name/address/phone):		
Accident witnesses (name/address/phone):		
Damages on the other vessel:		
Please describe the loss event here or on a separate s the damage. In case the policy holder did not drive the on has to be made by the responsible skipper.		•

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DEPOSIT INSURANCE

CLAIM FORM

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Please note that whenever an insured event occurs, you must provide complete and true information. The insurers would point out 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. Where a third party is entitled to the benefits payable under the contract rather than you, 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:

Please note: Our current Privacy Policy can be found under Pantaenius.de/privacypolicy

