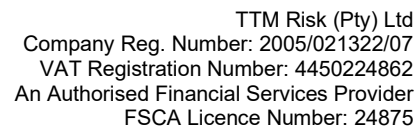


THE INSURED:									
Insured's Name:									
Are you registered for VAT?		YES	NO	Vat No.:					
Address:								Postcode:	
Contact Number(s)		Business:	()				Private:	()	
		Facsimile:	()				Mobile:		

THE VESSEL:									
		MAKE	MODEL NO.	YEAR BUILT	REG./SERIAL NO.:	HULL-LENGTH MOTOR HP	CONSTRUCTION		DATE PURCHASED
Description of insured vessel, motor, trailer	Hull								
	Dinghy								
	Motor								
	Motor								
	Trailer								
Description of equipment (including sails if applicable)									
Name of Vessel									
Finance	Is the vessel financial encumbered?							NO	YES
	If 'Yes', please give name and address of finance company								
								Postcode:	

[illegible]



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Where can vessel be inspected?				
			Telephone No	()
Address:				Postcode
If property lost/stolen, has it been reported to police?				NO YES
Police Station				Date Reported
Police Officer		Time Reported		Report No
What steps were taken to minimise loss/damage?				
Have you ever:				
a) had previous claims?			NO	YES
Details:				
b) been refused insurance?			NO	YES
Details:				
c) been charged/convicted of any offences?			NO	YES
Details:				

PARTICULARS IN RELATION TO THIRD PARTIES (if applicable)									
DAMAGE TO PROPERTY									
Owner of other vessel	Name								
	Telephone No.		()						
	Address								
								Postcode	
Details of other vessel	Make of Hull						Reg No		
Name of vessel						Name of insurance company			
Were you at fault?	NO	YES	Give reasons						
Describe damage to other vessel, motor etc									
Estimated cost of repairs									
Where is the vessel now?									

DECLARATION AND AUTHORISATION	
I/We solemnly declare that the information above and on the face hereof is a true and accurate account of the event sustained by Me/Us, and that I/We have not concealed anything material which should be known by the Insurers	
Insured's Signature	Date
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