



STATE INSURANCE COMPANY LIMITED

Live in a better State of mind

Redcliffe Street P.O. Box 290 St. John's Antigua. W.I.
(268) 481-7800/1/2/3/4 • info@siclfinancial.com • siclfinancial.com

SMALL CRAFT CLAIM FORM

Claim No. _____

ASSURED'S VESSEL	Full Name of Owner..... Tel. No. Daytime..... Address..... Tel. No. Evening..... Policy No..... What Crew was carried?..... Name of Vessel..... Length.....H.P.....Fuel..... Full Value.....
NAVIGATOR	Who was in charge of your vessel at the moment the accident occurred? Give name, address, and occupation together with particulars of his qualifications and experience in handling craft.
DETAILS OF ACCIDENT	<div>Date and time of occurrence..... Place.....</div> <div>If relevant, state weather conditions..... Beaufort Scale Force..... Wind Direction.....</div> <div>Was Vessel racing at the time</div> <div>Explain fully how event giving rise to your claim occurred (if necessary, continue overleaf and provide sketch)</div> <div>Nature and extent of loss or damage to your vessel..... Approximate cost of repairs and/or replacement.....an estimate from firm repairers should be submitted as soon as possible. DO NOT INITIATE REPAIRS UNTIL ESTIMATE HAS BEEN APPROVED.</div> <div>What is being done to minimize the loss or damage?.....</div> <div>Where can the vessel be inspected?..... Name, address, and telephone number of nearest repair yard.....</div>