



H Savy Insurance Co Ltd

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Marine Cargo

Claim form

By lodging your claim with H Savy Insurance Limited, you hereby declare that the statements, facts and information herein contained are true and correct to your knowledge and or belief. That the statements, facts and information herein provided by you are complete and accurate. Failure to faithfully make full disclosure of the facts and information you know or ought to know may render you claim null and policy void.

Please use BLOCK CAPITALS and tick where appropriate

Insured

Title (Mr, Mrs, Miss, etc):	Surname:	Maiden Name:
Name:		
Address:	Email Address:	
Occupation:	Telephone No:	
Policy No:	Date of expiry:	

Details of Loss of Damage

Address of premises where loss or damage occurred:	
Date of Loss or Damage:	Time of Loss or Damage:
Please give brief details (i.e. Fire, Burglary, Storm, Flood, etc) and what happened: (use seperate sheet if necessary)	
(a) Was the Police/Coast Guard notified?	Is so, by whom?
(b) When did the loss/damage reported?	To which Police Station/Authority?
(c) Was the loss/damage reported to the captain/skipper?	
If a fire, did the Fire Brigade attend?	
How long after discovery of fire did the Fire Brigade take to arrive?	
Are you the owner of all the property lost or damaged?	
If not, please state owner(s):	
If loss not by fire, what protection to prevent loss or damage have been installed?	

What additional protections have been implemented to prevent further loss or damage?

Name of the vessel:

[illegible]

I/We hereby claim for loss or damage as indicated hereon and declare the information given is true to the best of my/our knowledge.

Date:

Signature of Insured: