



H Savy Insurance Co Ltd

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Marine Hull

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 COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE INCIDENT AND SUBMIT ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST TO HSI

All statements must be factual, not influenced or biased in any form.

Please provide HSI with as much information about the accident as you possibly can.

The list of documents required is not exhaustive and we reserve the right to request additional information/ documents as and when necessary.

The damaged vessel must be moored in a safe place, it is understood that the company shall not be responsible for any subsequent loss/ theft.

Repairs must not be carried out without prior authorisation from HSI.

The submission of an incomplete form, insufficient information or supporting documents may delay the processing of your claim.

Please use BLOCK CAPITALS and tick where appropriate

Insured

Title (Mr, Mrs, Miss, etc):	Surname:	Maiden Name:
Name:		
Address:	Email Address:	
Policy No:	Telephone No:	
Period of Insurance: From	To	

Details of person submitting the form (if different from policy holder)

Name:	
Address:	Email Address:
Policy No:	Telephone No:
Occupation:	Mobile No:

Details of Vessel

Name of Vessel:

Particulars of Vessel	Type	License No.	HP or CC	Year of Manufacture	Sum Insured

Note: Please attach a copy of the Seaworthiness Certificate of the Marine Vessel

Details of Accident

Date of Accident (dd/mm/yy):

Time of Accident (am/pm):

Place of Accident:

Please provide a full description of how the accident happened:

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You may include a separate list if there is insufficient space provided above.

Have you reported the accident to the following:

Police	Yes	☐	No	☐	Seychelles Port Authority	Yes	☐	No	☐
Seychelles Maritime Safety Admin.	Yes	☐	No	☐	Seychelles Coast Guard	Yes	☐	No	☐
Have any attempt been made to salvage the vessel?						Yes	☐	No	☐

If yes, please provide details:

Do you accept responsibility for the accident?

Yes ☐ No ☐

If no, who in your opinion is responsible for the accident?

Number of crew on board (if any) at the time of occurrence?

For what purpose was the vessel being used at the time of the accident?

Was the insured in the vessel at the time of the accident?

Yes ☐ No ☐

Was the vessel being used with the insured's consent?

Yes ☐ No ☐

If no, when was the accident reported to the insured? Date (dd/mm/yyyy) and Time (am/pm).

Details of Skipper

Name:

Date of Birth:

Telephone No:

Address:

Occupation:

Skipper Licence Number:

Date of first Issue:

Date of Expiry:

Category of Licence:

10 miles

☐

Over 60 miles

☐

Class 4

☐

60 miles

☐

Class 3

☐

Class 5

☐

Note: Please attach a copy of the skippers licence

State the seas and weather conditions at the time of the accident:

Damage to Insured's Vessel

State extent of damage to your marine vessel, engine, accessories and personal effects:

Estimate cost of repairs to hull and engine:

Estimate cost of replacements of accessories and personal effects:

Where can the vessel be inspected?

Note: Repairs must not be carried out without prior authorisation from HSI.

Does any other party have financial interest in the vessel?

Yes

☐

No

☐

If yes, please provide details:

Damage to Third Party Property

Name of owner of vessel/property damaged:

Postal Address:

Telephone No:

Brief particulars of damage to Third Party Property:

Damage to Third Party Property

Name of owner of vessel/property damaged:

Postal Address:

Telephone No:

Brief particulars of damage to Third Party Property:

Details of personal injuries or death

Name	Address	Contact No.	Clinic treated	Nature of Injuries

Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

Has a claim been made against you?

Yes

No

If yes, give full particulars and amount and forward any communications received, unanswered:

Note: Please do not accept liability or attempt to negotiate with anyone

Declaration

I/We hereby declare that to the best of my knowledge and belief, the statements and particulars contained herein are truthfully made and that I/we have not withheld any material fact concerning the accident.

Date:

Signature of Insured:

For submission of claim documents electronically or direct contact with the Claims Department please use email, claims@hsi.sc