



Insurance  
**GAN Assurances IARD**

Member of GROUPAMA Group, incorporated in France  
26/F., Asia Orient Tower, Town Place, 33 Lockhart Road, Hong Kong  
Tel: (852) 2530 0288  
Fax: (852) 2877 4281  
Web site: www.groupama.com.hk



**Sun Flower Insurance Brokers Limited**  
Room 1108, Hing Yip Commercial Centre  
282 Des Voeux Road Central, Hong Kong  
Tel: (852) 2521-1881 Fax: (852) 2521-1919  
Web: www.sunflowervip.com www.sunflowermpf.com

## CLAIM FORM PARTICULARS OF ACCIDENT TO YACHT OR MOTOR BOAT

Assured's Vessel	Full Name of Owner: _____ Address: _____ Tel.: _____ Policy No.: _____ What Crew was carried? _____ Name of Vessel _____ Type _____ Length _____ H.P. _____ Fuel _____ Full Value: HK\$ _____
Navigator	Who has incharge 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	Date _____ Time _____ Speed of your boat through the water _____ Place _____ Direction and speed of current _____ Depth of water _____ Did your vessel comply fully with the "Rule of the Road at Sea"? _____ What lights was she carrying? _____ Please state purpose for which vessel was being used at time of accident _____ Was vessel racing or under starter's orders? _____ Have you reported to Receiver of Wrecks or other officials? _____ If vessel is a wreck, give her position as accurately as possible _____ Can she, in your opinion, be salvaged? _____ Explain fully how accident happened (use space overleaf if necessary) :-  PLEASE GIVE SKETCH (use space overleaf if necessary):- In your opinion was the accident caused by the fault of any person other than your Navigator? If so, give name, address and occupation of such person:-
Damage to Your Vessel	Details of Damage (a detailed estimate of probable cost of repairs should be sent herewith). _____ _____
Ship's boat	If involved in accident, was she permanently marked with name of parent vessel? _____
Damage to Third Parties (Persons and Property)	Full details of damage or injury and names and addresses of all persons concerned:- _____ _____
Witnesses	Have any claims been made on you? _____ If so, state amount HK\$ _____ Name and address (it is important that these be obtained). Passenger in Vessel _____ Independent Witness _____
Official Evidence	Did a Coastguard, Harbour Official or other officer witness the accident or take particulars? _____
Repairs to Your Vessel	Where is she now lying and in whose charge? _____ Is she in Repairer's hands _____ If so, give name of firm? _____ Have you obtained estimate for repairs _____ If so, from whom? _____ Amount HK\$ _____
Insurance	Do you hold more than one policy indemnifying you in respect of this accident? _____
Salvage	If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances:- _____ Give details of any claim received _____
Declaration & Authorisation	I hereby declare that the above answers and particulars are true and complete in every respect. I acknowledge that Insurers will rely upon the information supplied by me / the policyholder / the Insured, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory / the policyholders / Insured under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.  Date _____ Signature of Insured _____