



Liberty International Insurance Ltd 利 寶 國 際 保 險 有 限 公 司

13/F DCH Commercial Centre 25 Westlands Road , Quarry Bay, Hong Kong

Tel: (852) 2892 3888 Fax: (852) 2577 9578

NOTICE OF CLAIM PARTICULARS OF ACCIDENT TO PLEASURE CRAFT

| | Full name of owner | |
|-------------------------------|---|--|
| | Address | |
| A CCUIDED AC | | Fax |
| ASSURED'S | Policy No. | |
| VESSEL | What crew was carried? | |
| | | Type |
| | Licence No. | 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. | |
| | 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? If vessel is a wreck, give her position as accurately as possible | |
| | | |
| | | |
| DETAILS OF | Can she, In your opinion, be salved? | |
| ACCIDENT | Explain fully how accident happened (use separate sheet if required) – | |
| | | |
| | Di i i i i i i | 1.0 |
| | Please give sketch (use separate sheet). Have you reported to Marine Department or Police? If so please quote the | |
| | case number. | Department or Police? If so please quote the |
| | | nt caused by the fault of any person other than me, address and occupation of such person:- |
| | | |
| | | |





| DAMAGE TO YOUR VESSEL | Details of damage (a detailed estimate of probable cost of repairs should be sent with this report) | |
|---|---|--|
| TENDER | If involved in an accident, was she permanently marked with the name of the parent vessel? | |
| DAMAGE TO THIRD PARTIES (PERSONS & PROPERTY). | Full details of damage or injury and names and address of an persons concerned:- | |
| | Have any claims been made on you? If so, state amount | |
| WITNESS(ES) | Names and address (it is important that these be obtained). Passenger(s) in vessel | |
| | Independent witness(es) | |
| OFFICIAL EVIDENCE | Did a Coastguard, Harbour Official, or other officer witness the accident or take particulars? | |
| | Where is she now lying and in whose charge? | |
| REPAIRS TO | Is she in repairer's hands | |
| YOUR | If so, give name of firm | |
| VESSEL | Have you obtained estimate for repairs | |
| VESSEE | If so, from whom? | |
| | Amount | |
| 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 | |
| | I/We do hereby declared that the foregoing particulars are true and correct i every respect, and that I/We have withheld no information material to th claim. I/We also undertake to render the Company all assistance in my/ou power in dealing with the matter. | |
| | Signature of Insured Date | |