

CLAIM FORM

MARINE HULL INSURANCE

(In case space is not sufficient, please give details on a separate sheet of paper)

The issue of this form does not imply admission of liability on the part of the Company
Kindly answer all questions completely inorder to help us to serve you better

I. Name of the Insured and Address:

II. Name of the Assignee, if any:

III. Particulars of the Insured Vessel:

- | | |
|---------------------|--------------------------|
| a. Name | b. GRT |
| c. Registration No. | d. Place of Registration |
| e. Classified as | f. Construction |
| g. Year Built | h. Engine No. |

IV. Particulars of the Captain & Crew Members

Captain	Name & Address
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Captain's Father	Name & Address
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Crew Members	Name & Address
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- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

V. Policy Particulars
No.

Issuing Office

Period of Cover

Terms

Sum Insured PGK

VI. Detailed particulars of the casualty giving to this claim indulging place (Anchor-bearing) Time, Date and the cause of the casualty:

NB: If space is not sufficient, please give details on a separate sheet of paper.

VII. Actions taken to save the vessel from imperilment:

VIII. Actual loss / damage suffered:

IX. Human lives lost /saved – How and by whom?

X. Has the casualty been reported to the authorities – Port Officer / Police / Notary Public? If so, give particulars:

XI. Was the vessel seaworthy in all respects before commencement of the ill-fated voyage or immediately before the casualty?

XII. (a) When was the vessel last repaired?

(b) What was the repair work carried out?

XIII. Particulars of loss minimization efforts and expenses incurred, if any:

XIV. Estimated Loss:

The above particulars are true to the best of my knowledge. I/We further declare that no other person has any interest in the said property, as Owner, Mortgagee, Trustee or otherwise, and that it is not otherwise insured against with any other Company, except as above stated.

Place:

Date:

Signature of Insured