

Marine Crew Death Insurance Claim Form

Deceased Crew Member Details

Name of Deceased

Date of Birth

Rank/Position

Nationality

Date of Death

Place of Death

Vessel Details

Vessel Name

IMO Number

Owner/Company Name

Port of Registry

Claimant Details

Name of Claimant

Relationship to Deceased

Contact Address

Phone Number

Email Address

Death Incident Information

Brief Description of Incident

Supporting Documents (List)

Declaration

Name of Declarant

Date

Signature