

Marine Liability Insurance Claim Form

1. Insured Details

Name of Insured

Address

Contact Number

Policy Number

Email

2. Vessel Details

Name of Vessel

IMO Number

Flag

Type of Vessel

3. Incident Details

Date of Incident

Time of Incident

Location of Incident

Description of Incident

Cause of Incident (if known)

4. Loss/Damage/Injury Details

Details of Loss/Damage/Injury

Estimated Amount Claimed

5. Third Party Involved

Name(s) of Third Party Involved

Details (contact, address, vessel/vehicle, etc.)

6. Additional Information

Police or Authorities Notified

Witness(es) Name & Contact

Other Relevant Information

7. Declaration

I declare that the above statements are true and correct to the best of my knowledge and belief.

Signature

Date