

Hamburger Yacht-Versicherung

Schomacker Versicherungsmakler GmbH

Damage claim form		
Insured / Owner of yacht:	Name of yacht:	Insurance policy no.:
	Date of damage:	Time:
	Place of damage:	
	Kind of damage:	
1. Skipper at the time of accident? (Na	ame and address):	
2. Skipper's licences (Date licences issued)):	
3. Who was on board the yacht at the	time of accident? (Name and addresse	es):
4. When and where did you start the	trip the day of the accident?:	
5. What was the weather forecast tha	t day?:	
6. What was the weather like at the ti	me of accident? (Please hand in log book	c entries):
7. Which steps were taken in badwe	eather?:	
8. Please name the exact place of d	amage:	
9. Which course was set?:		
10. Who set the course/who navigate	d?:	





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12. In case of grounding: Which steps did you take after grounding?:
13. Were there shallows in the sailing area? Which fathom line did you take? Which measures did the echo sounder show? (Please mark in nautical chart):
14. How was the buoyage in the area?:
15. List the reason why the damage of unavoidable:
16. Which steps were taken for reduction of damage?:
17. In case of theft, robbery and fire a) detailed description of place of damage; b) How was the yacht secured? c) What kind of fire extinguishing devices were on board?:
18. Which police station did you report the damage to? (Please lit date and police entries):
19. Which harbour master/port authority was informed? (date):
20. Are there any other participants of the accident? (names and addresses):
21. Have any claims been enforcedagainst you? If yes, by whom?:





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22. Detailed list of damaged material (In case this form is too short for all the information needed to be given please use several sheets.):

lfd. Nr.	detailed description of items	(a) (b) (z)	e and scale of damage lost damaged destroyes	Amount of damage			
total sum EUR:							
Please hand in an estimate of repair costs (if existing) as well as original invoices in case of theft.							
23. Where ca the vessel be inspected?:							
24. Did you already instruct a shipyard? If yes, which and where?:							
25. Are you entitled to deduct input tax concerning tax laws? ☐ yes ☐ no							
The compensation for this claim is to be transferred to the following account:							
Bank:, Account No.:,							
Bank code:, Account holder:							
The above data is truthful and written to best knowledge and belief. Conscious false or incomplete information could lead to the insurer's being free of their obligation to indemnification, this being so even if no disadvantages arise for the insurers.							
City / da	te Skipper	Sig	natures Insured/0	wner			
Verband	Verband Katharinaphof Phone ±40.40.36.08.49 . 0 Managing Director: Pank Dataile: Hamburger Sparkages						