

THEFT CLAIM FORM

11 Tower View
 Kings Hill, West Malling
 Kent ME19 4UY
 T: 01732 223 820
 F: 01732 223 821
 stmargarets@amlin.co.uk
 www.stmargarets.com

Policy No......

Claim No......

Name of Insured in full

.....

Address

.....

.....

Day Phone No:

Home Phone No:

Mobile Phone No:

Facsimile No:

E-Mail:

Type/Class of Vessel

Name of Vessel

Total Value £

Location/full address from which theft/loss occurred.	
Whether ashore or afloat?	
State date and time when theft was: Committed Discovered	a) b)
By whom was it discovered? (Full Name & Address)	
By whom was such discovery witnessed? (Full name and address)	
When was craft or stolen items last seen or attended?	
Where were items stored?	
How was entry gained to vessel or premises?	
What locks or security precautions were used?	
If stolen items were not on vessel or secure premises, describe exactly where and why they were so located?	
Was vessel or stolen items in anyone's custody or control? If so give details.	
Are the items claimed for insured elsewhere? If so please give name and address of insurance company and policy number.	

OUTBOARD MOTOR: Make/HorsepowerSum claimed £

Serial number of outboardModel numberYear

Advise make of lock by brand name and type:

TENDER DINGHY

MakeDescriptionSum claimed £

How was she marked with name of parent vessel?

I/We declare that the whole of the statements made in this Claim Form and any supplementary statements forming part of this claim are true in every respect and I/we agree that if any false or untrue statement or any suppression or concealment of material fact has been made, the right to recover under this Policy shall be absolutely forfeited.

I/We further declare that no other person has an interest in the property for which this claim is made, whether as owner, mortgagee, trustee or otherwise, and that the said property is not otherwise insured against Burglary with this or any other office.

Claimant's SignatureWitness's Signature

OccupationOccupation

Date

- N.B. (1) The amount to be claimed on any article is limited to the actual intrinsic value at the time of Theft.
- (2) Receipts obtained at the time of purchase of articles should be attached wherever possible.
- (3) Please note claims at St. Margarets are handled on behalf of the insurer.

DATA PROTECTION NOTICE

In order for St. Margarets to administer any subsequent dealings in respect of your insurance it is necessary to process your personal data and where appropriate your 'sensitive' personal data and therefore in doing so we will comply with the provisions of the Data Protection Act 1998.

Unless required by Law or as necessary to effect or administer your insurance, none of your personal data (even if not 'sensitive') will be disclosed without your consent to any person or organisation, or be used for any purpose.

The Data Controller is Amlin Underwriting Services Limited.

Do you suspect any person(s)? If so whom and why?	
State address of police station where loss/theft was reported stating date and crime sheet number.	
What steps have been taken to recover property (i.e. notice in yacht club/marina, offer of reward, notice in local newspaper etc.)?	
What steps have you, or are you taking to prevent a recurrence?	
If there is no evidence of theft, or forcible entry has a thorough search been made for the missing property?	
Are you registered for VAT? If yes please state VAT registration number	

Full description of articles stolen	When and where bought or if a present name and address of donor	Price Paid	Deduction for age, use, wear & tear	Sum Claimed

Estimate for any repair work, and damage repairs. (Continue on separate sheet if necessary.)

STATEMENT please give below a full and concise report of this incident.