

Yacht Claim Form

Use of this form is not to be taken as an admission of liability.



Please complete this form and sign. Please provide further information on a separate sheet if necessary. Failure to disclose all material information and/or misrepresentation could result in your insurance being declared void by the insurer and a claim being rejected. When complete, please click "SUBMIT" to send this form via email, or fax it to 295-8647, or return it by hand to BF&M's Headquarters in the Insurance Building on Pitts Bay Road, Pembroke.

POLICY HOLDER DETAILS										
NAME OF INSURED							DATE OF BIRTH			
							DAY	MONTH	YEAR	
ADDRESS OF PERMANENT RESIDENCE										
PHONE (HOME)			PHONE (WORK)			PHONE (CELL)				
EMAIL ADDRESS						POLICY NUMBER				
VESSEL DETAILS										
NAME										
TYPE OF VESSEL		WHAT CREW WAS CARRIED				VALUE IN DOLLARS		AGE OF VESSEL		
SKIPPER DETAILS										
NAME OF THE PERSON IN CHARGE OF YOUR VESSEL WHEN THE INCIDENT OCCURRED							YEARS OF EXPERIENCE			
ADDRESS										
DETAILS OF INCIDENT										
LOCATION						TIME		DATE		
						A.M.	P.M.	DAY	MONTH	YEAR
WAS VESSEL RACING?		CONDITION OF SEA		WIND SPEED		LAST TIME VESSEL WAS INSPECTED BY OWNER				
YES NO						DAY	MONTH	YEAR		
EXPLAIN FULLY HOW THE EVENT GIVING RISE TO YOUR CLAIM OCCURRED (IF NECESSARY CONTINUE ON A SEPARATE SHEET AND PROVIDE A SKETCH)										
DETAILS OF DAMAGE TO VESSEL										
NATURE AND EXTENT OF LOSS OR DAMAGE TO YOUR VESSEL										
REPAIRS TO YOUR VESSEL. Do not begin repairs until the estimate has been approved by BF&M. Estimates of repair or replacement should be submitted as soon as possible.										
APPROXIMATE COST OF REPAIRS AND/OR REPLACEMENT				WHAT IS BEING DONE TO MINIMIZE THE LOSS OR DAMAGE?						
LOCATION WHERE THE VESSEL CAN BE INSPECTED										

Yacht Claim Form *(Continued)*



DETAILS OF DESIRED REPAIRER											
YARD					NAME						
ADDRESS											
PHONE				EMAIL ADDRESS							
DETAILS OF DINGHY OR PUNT <i>(if involved)</i>											
TYPE			MANUFACTURER			YEAR		WAS TENDER MARKED WITH THE NAME OF THE PARENT VESSEL			
								YES NO			
DETAILS OF THEFT <i>(if involved)</i>											
LOCATION OF THEFT							TIME		DATE		
							A.M.	P.M.	DAY	MONTH	YEAR
DATE THE VESSEL WAS LAST INSPECTED					NAME OF THE PERSON WHO DISCOVERED THE THEFT						
DAY		MONTH		YEAR							
ADDRESS											
IN THE CASE OF THE OUTBOARD MOTOR, GEAR STORED OR FITTED ABOARD, WHAT SECURITY PRECAUTIONS OR ANTI-THEFT DEVICE(S) WERE FITTED OR USED?											
HOW WAS ENTRY MADE AND/OR ITEM REMOVED?											
NAME OF POLICE STATION THE THEFT WAS REPORTED TO							PHONE				
ADDRESS							POLICE INCIDENT NUMBER				
DESCRIPTION OF STOLEN ITEM(S)											
NAME & ADDRESS OF MANUFACTURER											
DATE PURCHASED OR AGE											
DAY		MONTH		YEAR	COST OF REPLACEMENT			COST OF REPAIR		AMOUNT CLAIMED (VALUE AT DATE OF LOSS)	
DETAILS OF OUTBOARD MOTOR(S)											
MAKE			YEAR OF MANUFACTURE			HORSEPOWER		MODEL			
SALVAGE DETAILS											
PLEASE GIVE FULL DETAILS INCLUDING NAMES AND ADDRESSES OF THOSE WHO CLAIM TO HAVE RENDERED ANY SALVAGE SERVICES AND UNDER WHAT CIRCUMSTANCES											
DETAILS OF THIRD PARTIES											
If a third party is considered to be at fault, a copy of your letter holding the owner responsible should be forwarded with this form together with details of their insurers if known.											
FULL DETAILS OF DAMAGE OR INJURY AND NAMES AND ADDRESSES OF ALL PERSONS CONCERNED											
HAVE ANY CLAIMS BEEN MADE AGAINST YOU?											
YES NO					IF SO, STATE AMOUNT						
					BD\$						

WITNESSES				
NAME AND ADDRESSES <i>(It is important that these are obtained)</i>				
PERSONS ON BOARD THE VESSEL				
INDEPENDENT WITNESSES				
DECLARATION				
By submission of this document, I hereby declare that all the above answers and particulars are true and complete in every respect.				
NAME	SIGNATURE	DATE		
		DAY	MONTH	YEAR
CLAIMS GUIDANCE NOTES				
<p>The circumstances surrounding any accident are stressful and upsetting. If you have to make a claim, it is our objective to ensure the service you receive is sympathetic, efficient and fair. The notes below are designed to help you and us achieve this objective.</p> <p>WHAT YOU SHOULD AND SHOULD NOT DO</p> <p>In the unfortunate event of loss or damage being sustained, you should report the circumstances to BF&M as soon as possible by telephone on 295-5566 with an indication of the amount likely to be involved in repairing the damage or replacing the lost items.</p> <ul style="list-style-type: none"> • If theft or malicious damage is involved, you must notify the police. • You should not admit liability or assume any obligation. • You must take reasonable steps to safeguard your property. • Please act as if you are uninsured. Do not automatically assume that your insurance will apply to this loss. <p>WHAT ARE YOUR RESPONSIBILITIES?</p> <p>You are responsible for making arrangements for the recovery of your boat, for monitoring and ensuring the repairs are completed satisfactory. Only a BF&M representative can give instructions for repair work to commence.</p> <p>WHAT WE WILL DO</p> <p>We will provide you with a claim form, which you should complete and return as soon as possible together with a competitive repair estimate. If we decide to appoint a Marine Surveyor to inspect and report upon the damage or incident, we will ask the Surveyor to contact you so that appropriate arrangements can be made.</p> <p>The role of the Surveyor is to advise you regarding salvage and towage where necessary, make an assessment of the incident and determine the cause of the damage and to list the damage and recommendations for repairs. He will review the repair estimates and discuss with you and the repairer, any estimates that appear unreasonable. It is the Surveyor's role to attempt to have the damage repaired to the pre accident condition.</p> <p>We will keep you reasonably informed about the progress of your claim. Once the estimates, claim form and Surveyor's report (if applicable) have been reviewed, we will report the facts to the Underwriters, and advise you of their views and explain the reasons to you. We will then approve repairs via a repair release.</p> <p>When the repairs have been completed to your satisfaction and a repair release signed by all parties, we will settle the repair bill less any deductible and deductions for wear and tear.</p>				

*Please review all details carefully before submitting.
Click **SUBMIT** to send via email to submitclaim@bfm.bm.*