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FOR OFFICE USE ONLY

Claim Form Marine Hull Insurance

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

DOCUMENTS TO BE ATTACHED

- | | |
|---|--|
| <input type="checkbox"/> Incident Report | <input type="checkbox"/> Crew List |
| <input type="checkbox"/> Copy of Registration Certificate of the Vessel | <input type="checkbox"/> Quotations for repair from three parties (Should apply for approval to repairs) |
| <input type="checkbox"/> Safety Certificate Copy | <input type="checkbox"/> Paid receipts or invoice with paid seal |
| <input type="checkbox"/> Load line certificate/Passenger carrying certificate copy/Fishing Permit | <input type="checkbox"/> Previous maintenance records of the engine (For engine claims only) |
| <input type="checkbox"/> Captain's Statement | <input type="checkbox"/> Police Report (for incidents involving third party) |
| <input type="checkbox"/> Copy of Captain's License | |

A. DETAILS OF THE INSURED

Policyholder/Insured's Full Name	
Email	Mobile No.
Correspondence Address	
	Postcode

B. POLICY DETAILS

Policy No.	Policy Expiry Date
Name of the Vessel	Vessel Registration No.

C. DETAILS OF HELMSMAN / DRIVER (Person in charge at time of accident)

Name	ID / Passport No.	Age	Phone No.
Correspondence Address			
Postcode:			

Boating License No.	Class:	How long has license been held?
Relationship to the Policyholder		

D. CIRCUMSTANCES OF LOSS

For what purpose was the vessel being used at the time of accident? Tick where applicable

- Pleasure
 Cargo carrying
 Hire
 Other
 Racing
 Passenger carrying
 Fishing

Date and Time of Accident

Location where the incident occurred

Sea Conditions:

Weather conditions:

E. DETAILS OF CLAIM

Estimate of Loss / Amount of Loss:

Where can the vessel be inspected?

Contact Person:

Phone:

In your opinion was the accident your Helmsman/Driver's fault?

YES NO

If YES, why? Has any claims been made on you?

If NO, who was to blame? Did such person admit any liability?

Name(s) of any independent witness:

1. Name	Address	Tel/Mobile No.
2. Name	Address	

Note: No liability of any sort shall be admitted nor any offer promise or payment be made by the insured to claimants nor legal expenses incurred without the written consent of the Insurer who shall be entitled if they do desire to take over and conduct in the name of the Insured the defense of any action, or to prosecute any claim for indemnity or damages or otherwise against any third party. The Insured also undertakes responsibility to send to the Insurers as soon as possible, all claims, letters, summonses or writs relating to any accident addressed to the Insured's servants by authorities or by third parties.

F. DECLARATION

I/We declare that the particulars given on this form are true and complete, copies of documents are identical with the original one, and that I/We have not withheld from the Company, any information within my/our knowledge connected with the accident.

Signature of Insured:

Date:

(If a Limited Company, give status of signatory and affix company's rubber stamp)