



Sail Master Plus Claim Form

Date of Accident:

Injured person (even if minor)

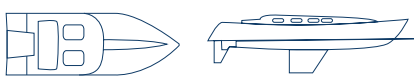
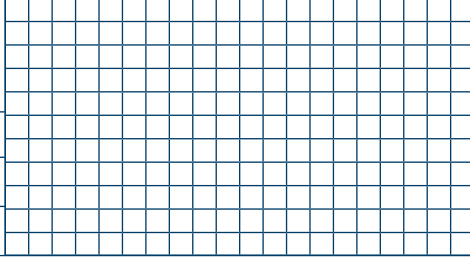
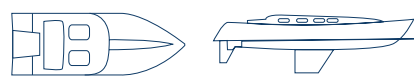
Time of Accident:

Witnesses: (name, details)

Location: Port Marina

(Please advise if on Your Boat or Boat B at the time of accident)

I. ACCIDENT WITH THIRD PARTY INVOLVED (INVOLVING YOUR BOAT AND ANOTHER BOAT)

Your Boat		Boat B	
1	Your Details	Was unable to maneuver	Third Party Details
	Last Name:	Was going to anchorage	Last Name:
	First Name:	Was leaving anchorage	First Name:
	Contact Details:	Was anchored	Contact Details:
		Broke her mooring	
2	Your Boat: <input type="checkbox"/> Sailing <input type="checkbox"/> Motor	Was the overtaking boat	Boat B: <input type="checkbox"/> Sailing <input type="checkbox"/> Motor
	Brand:	Was the overtaken boat	Brand:
	Type: Year:	Crossing boat	Type: Year:
	Registration Number:	Turning boat	Registration Number:
	<input type="checkbox"/> Jet-ski	Had signal/lights as per regulations	<input type="checkbox"/> Jet-ski
3	Your Insurer: AXA GULF	For motor boat	Insurance company:
	Your Policy Number:	Was seeing the other on starboard side	Your Policy Number:
	Your Broker (if any):		Broker (if any):
	Damage to Your boat? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was seeing the other on port side	Damaged to Third Party boat? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Skipper/Boat operator	For sailing boat	Skipper/Boat operator
	Last Name:	Was on port tack	Last Name:
	First Name:	Was on starboard tack	First Name:
	Contact Details:	Was involved in a regatta	Contact Details:
	Navigation license (if any):	Was under power	Navigation license (if any):
	Issued by: Date:	Indicate the number of boxes ticked	Issued by: Date:
5	Indicate damaged items	Sketch (detailed)	Indicate damaged items
			
	<input type="checkbox"/> Engine <input type="checkbox"/> Propeller <input type="checkbox"/> Rig		<input type="checkbox"/> Engine <input type="checkbox"/> Propeller <input type="checkbox"/> Rig
	<input type="checkbox"/> Above water line <input type="checkbox"/> Below water line		<input type="checkbox"/> Above water line <input type="checkbox"/> Below water line
<input type="checkbox"/> Structure element <input type="checkbox"/> Others		<input type="checkbox"/> Structure element <input type="checkbox"/> Others	
6	Noticeable damage and remarks Repair Invoice (if any) to be attached	Signature (boat operator/skipper)	Noticeable damage and remarks Repair Invoice (if any) to be attached

