



Laferla Insurance Agency Ltd.

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Yachts & Pleasure Craft Claim Form

IMPORTANT NOTE

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

1. INSURED/OWNER

Name	
Address	
I.D Card No.	E-mail
Telephone no.	Mobile no.
VAT Registration No.	VAT Status
Policy no.	Business/Occupation
Fuel	Year of build
Type	Length
H.P.	Is vessel a conversion? Yes No

2. NAVIGATOR/HELMSMAN

Who was in charge of your vessel at the moment the accident occurred?
Give name, address and occupation together with particulars of his/her qualifications and experience in handling craft.

What crew was carried?

3. DETAILS OF INCIDENT

Date and time of occurrence	
Place	If relevant state weather conditions
Beaufort scale force	Wind description
Was vessel racing at the time? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Explain fully how event giving rise to claim occurred (if necessary continue on a separate sheet and provide sketch)	

4. DAMAGE SUSTAINED TO YOUR VESSEL

Nature of the loss or damage to your vessel

5. REPAIRS TO YOUR VESSEL

Approximate cost of repairs and/or replacement (An estimate from a firm of repairers should be submitted as soon as possible. DO NOT INITIATE REPAIRS UNTIL ESTIMATES HAVE BEEN APPROVED.)
What is being done to minimise the loss or damage?
Where can the vessel be inspected?
Name, address and telephone number of nearest repair yard

6. TENDER/DINGHY

If your tender/dinghy is involved:

Make: _____ Year _____

Type and length _____

Please confirm how she was marked with the parent vessel's name

7. DETAILS OF THEFT

Date _____ Time _____ Place _____

When was vessel last inspected?

Who discovered the theft? Give name and 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 items removed?

In the event of theft, give name, address and telephone number of Receiver of Wreck and the Police Station to which the loss has been reported.

8. IN THE EVENT OF PROPERTY STOLEN/DAMAGED

Please list the items stolen/damaged

Full description of article	Name and address of Manufacturer	Date purchased or age	Cost of price replacement article	Cost of repair to damaged article	Amount claimed (Value at state of loss)

TOTAL

9. OUTBOARD MOTOR (S)

If your outboard is involved, please give the following information:

Make: _____ Year of manufacture _____

Serial No. _____ H.P. _____ Model _____

10. SALVAGE

If any Salvage Services have been rendered, please give full detail including names, addresses of those who claim to have rendered such service and under what circumstances

11. INJURY / DAMAGE TO THIRD PARTIES

Full details of damage or injury and name and addresses of all persons concerned

Have any claims been made against you? Yes No

Note: IF A CLAIM HAS BEEN RECEIVED FROM A THIRD PARTY same should be merely acknowledged, stating the matter is receiving attention. DO NOT DISCLOSE the fact that insurance exists and DO NOT ADMIT LIABILITY or make any offer or promise of payment.

IF THIRD PARTY IS CONSIDERED 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.

12. WITNESSES

Name and addresses (It is important that these be obtained)
Passengers in vessel

Independent witnesses

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing of any information by the Company or any other members of the Mapfre Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorize (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Mapfre Middlesea p.l.c.

Signature of claimant

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/We have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Signature of claimant

Date