

**CLAIMS AND SERVICES**

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Claim no:	
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CLAIM NOTIFICATION UNDER DEPOSIT INSURANCE	
All data processed on the basis of this claim form is necessary to collect information and documentation for further processing of the claim	
INSURANT INFORMATION	
Policy No:	
Name/ Company:	
VAT No:	
Adress:	
Tel:	
VESSEL INFORMATION	
Registration:	
Vessel name:	
Manufacturer/model:	
CLAIM INFORMATION	
Insurance policy No:	
Name of charter company:	
Date and place of accident:	
Weather conditions at the time of accident:	
Damages on the boat:	
Amount for repairs according to the insured opinion:	
Amount payed to charter provider:	
Name and contact of charter base manager:	
Skipper opinion:	
About the cause of the damage:	
About person responsible for damages:	

**DETAILED DESCRIPTION OF THE ACCIDENT**

**SKETCH OF THE EVENT**

**NOTE:**

**Info about crew members which confirm the statement of the skipper:**

**Name and surname:**

**Signature:**


Place and date:	Signature ( stamp ) person in charge for the claim notification:	Signature ( stamp ) of the applicant:

**UZ PRIJAVU OBAVEZNO DOSTAVITI:**

- Photos of the damages – identification of the vessel/property + damages
- Offer for repairs with detailed specification of materials and work (No of working hours,price, else,..)
- Detailed report from the insured person about the amount and cause for the damage
- Notification to the harbour master
- Skipper licence
- Charter contract (booking confirmation)
- Crew list
- Original invoice from the charter company to the insured person for the deposit

**Deliver to: [info@claimsandservices.hr](mailto:info@claimsandservices.hr)**