

Marine Insurance

YOUR WORLD | OUR COVER



INSURANCE CLAIM FORM

Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse insurance cover. Should any field be inapplicable to your particular circumstances, please mark that field with the letters "N/A".

GUIDANCE NOTES

1. Before completing this form you should read it all through carefully.
2. When completing the form please write clearly and neatly and complete all relevant sections.
3. Please attach any documents and/or supply any available information to support your claim.
4. You must immediately inform the police authorities if the claim you are making relates to an accidental loss, damage by malicious persons, theft or attempted theft.
5. Take all the necessary precautions to minimise damage. If you have suffered seawater damage try removing the seawater, or start drying out the damaged items. Please note: You must NOT proceed with repairs (other than emergency repairs) without obtaining our approval.
6. Take all the necessary action to salvage your boat. If the engine/s has been immersed in water it must be FLUSHED and serviced as soon as possible.
7. Please DO NOT dispose of any damaged property until we have been given the opportunity to inspect it.
8. Once the form is completed please sign the declaration at the end and keep a copy for your own records.
9. Send the form to us at Citadel Insurance p.l.c., 'Casa Borgo', 26 Market Street, Floriana, FRN 1082, Malta.
10. When we have been told of your claim we will investigate it fully and may ask you for additional information.
11. The claim will be dealt with promptly and fairly.
12. Should you have any further questions please do not hesitate to contact us. We have arranged a freephone service for your convenience: 80072322.

POLICYHOLDER(S) / CLAIMANT(S)

Name and Surname:

Policy No.:

Postal Address:

Date of Birth:

Mobile:

Telephone:

Email:

I.D. Card Number / Passport Number:

Issued at:

Date of Issue:

Occupation:

PARTICULARS OF VESSEL

Name:

Registration mark:

Value €:

Main engine:

Type of fuel:

H.P. (per individual engine):

Type or class:

Length:

Width:

TYPE OF CLAIM

<input type="checkbox"/> Collision	<input type="checkbox"/> Theft	<input type="checkbox"/> Fire
<input type="checkbox"/> Malicious Damage	<input type="checkbox"/> Storm	<input type="checkbox"/> Sinking
<input type="checkbox"/> Transit Damage	<input type="checkbox"/> Liability	<input type="checkbox"/> Explosion
<input type="checkbox"/> Other:		

PARTICULARS OF NAVIGATOR/HELMSMAN

Name of person operating the vessel:

Postal Address:

ID Card No. / Passport No.:

Mobile:

Telephone:

Email:

Nautical driving licence number:

Expiry date:

Date of birth:

Boating experience (Years):

What is the relationship of this person to the policyholder?

Was any person involved in this incident under the influence of alcohol or intoxicating drugs?

If 'Yes', please give details:

Yes

No

CIRCUMSTANCES OF LOSS

Date and Time:

Location where the incident occurred:

Speed of your vessel
in knots:Weather
conditions:

Wind direction:

Wind speed:

Please state the purpose for which the vessel was being used at time of the incident:

Please give us an accurate position of the wreck site (This is only applicable if the vessel has sunk). :

Explain fully and in detail how the incident occurred:

Please state the number of persons who were on board at the time of the incident:

DETAILS OF CLAIM

What is being done to minimise the loss or damage?

Where can the vessel be inspected?

What is the nature and extent of loss or damage to your vessel?

ADDITIONAL INFORMATION - To be completed in case of THEFT

Where was the property which is being claimed as stolen stored?

Was there evidence of forcible entry?

Yes

No

How was entry gained and how was the property removed?

ADDITIONAL INFORMATION - Police Authorities

Have you reported the incident to the police?

Yes

No

Police Station:

Date & time reported:

Police Report Number:

SALVAGE

If any salvage services have been rendered, please give full details including names and addresses of those who claim to have rendered such services and under what circumstances:

DAMAGE / INJURIES TO THIRD PARTIES

Was any other party injured or was property belonging to other parties damaged in this incident?

Yes

No

If 'Yes', please complete the following details:

Name:

Postal address:

ID Card No. / passport No.:

Telephone:

Mobile:

Email:

If this incident involves another vessel or vehicle please provide the following:

Make:

Model:

Registration No.:

Colour:

Name of Insurer:

Please advise the extent of damage or injuries sustained:

Who do you consider responsible for this incident?

Why do you consider this person responsible?

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

WITNESS

Name:	Postal address:		
ID Card No. / passport No.:	Telephone:	Mobile:	Email:

OWNERSHIP AND OTHER INSURANCE

Are you the sole owner of the lost or damaged property? Yes No
If not, please provide details:

Have you put forward any claim for property damage following this incident with another insurance company? Yes No
If Yes, please provide details:

Name of Insurer:	Policy number:
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INSURED'S HISTORY

Have you in the past five years	Registered a claim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Been refused insurance cover?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Been charged / convicted of any criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'Yes' to any of the above please provide details:

PLEASE PROVIDE FURTHER INFORMATION IF NECESSARY - Should the incident involve a collision with a third party please draw a sketch plan highlighting the dynamics of the collision

Large empty area for providing further information or drawing a sketch plan.

IMPORTANT NOTICE

Please note that failure to disclose all material facts (that is, those facts that an insurer would regard as likely to influence the acceptance or assessment of this claim) could invalidate this claim. If you are in doubt whether a fact is material you should disclose it.

DATA PROTECTION NOTICE

Citadel Insurance p.l.c. and its subsidiaries (hereinafter "Citadel") are the data controllers of the information submitted in respect of this claim, whether submitted in writing or verbally, and such data is subject to the full terms and conditions of Citadel's Data Protection Notice, which may be found in the policy document.

I/we understand that the information received by Citadel about me/us in respect of this claim is necessary for Citadel to properly assess, defend and/or settle this insurance claim, and is therefore necessary for the purpose of performing its contractual and legal obligations towards me/us. Citadel may also process this data to assess risk, underwrite future contracts of insurance, collect premiums and submit other bills, and assess and respond to my/our queries. Furthermore, the data may be processed by Citadel to adhere to its legal obligations, such as to keep proper accounting records and to detect and report crime (including insurance fraud), and to safeguard its legitimate interests.

I/we further understand that my/our personal data is received by Citadel, or an insurance intermediary on Citadel's behalf, and it is disclosed, only when necessary, with Citadel's employees, insurance intermediaries, external consultants and legal advisors, loss adjusters and surveyors, repairers, healthcare professionals, the Malta Insurance Association and insurance and reinsurance companies, among others. Citadel may, therefore, receive data about or relating to me/us from these third parties and others.

I/we further understand that Citadel retains my/our personal data only for as long as it is necessary for the purposes outlined above, unless a longer retention period is required or permitted by law. I/we, as a data subject, have the right to access my/our data, amend it to the extent that it is inaccurate, object to direct marketing and to the processing of data, request the erasure of data, or to have the data transferred to another controller, make a complaint to the Information and Data Protection Commissioner, among other rights. The exercise of such rights may be subject to certain conditions and limitations.

In case of queries, or to exercise my/our rights, I/we may contact Citadel on (+356) 2557 9000 or on dpadmin@citadelplc.com or Citadel's Data Protection Officer on (+356) 2759 5000 or on dpo@citadelplc.com.

The full Data Protection Notice may be requested at any time, and is available on our website.

DECLARATION

1. I / We the undersigned, declare that the information given in this claim form is true and correct to the best of my/our knowledge and belief.
2. Any communication regarding Third Party injuries or damage which I/We may receive will not be answered but forwarded immediately to Citadel Insurance p.l.c.

KEEP ME POSTED

Do you wish to keep yourself updated with our products?

Yes No

I / We have read and understood the Important Notice, Data Protection Notice, Declaration, and any other information relating to my/our rights.

SIGNATURE OF INSURED:

ID CARD NUMBER:

DATE: DD / MM / YYYY

FOR OFFICE USE ONLY

CLAIM NUMBER:

NAME AND SURNAME OF INTERMEDIARY:

Marine Insurance

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INSURANCE CLAIM FORM

Citadel Insurance p.l.c. *Branches:*

Birkirkara	2148 0545	Il-Mosta	2143 8880	Ta' Xbiex	2133 6911
Haż-Żebbuġ	2146 4873	Iż-Żejtun	2180 7779	Il-Mellieħa	2152 5232
In-Naxxar	2141 9198	Paola	2180 6247	Victoria, Gozo	2156 6660

 Floriana | 2557 9000 - Freephone | 800 72322

 info@citadelplc.com

 citadelplc.com

Citadel Insurance p.l.c. • Casa Borgo • 26 Market Street • Floriana FRN 1082 • Malta

Citadel Insurance p.l.c. is a company authorised under the Insurance Business Act, Cap. 403, to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.