

POLICY NO.

NOTIFICATION AND INDEMNITY CLAIM UNDER VESSEL THIRD PARTY LIABILITY INSURANCE

All data collected based on this claim form will be used for the purpose of meeting legal and regulatory obligation of the insurer.

INFORMATION ABOUT THE INJURED PARTY	
Name and last name / company name	
Address - phone	
E-mail	
VAT payer	YES NO
Bank name and current (giro) account number	
INFORMATION ABOUT THE VESSEL	
Type, brand, model, make and year of build	
Registration number, engine number	
When and where can damage appraisal be performed?	
INFORMATION ABOUT THE INSURED PARTY	
Policy number	
Name and last name / company name	
Address - phone	
Registration number, engine number	
Type, brand, model, make and year of build	
Skippers name and last name	
Address - phone	
INFORMATION ABOUT THE MARITIME ACCIDENT	
Date and time	
Place	
Skippers name and last name	
Address - phone	
Accident reported to the Ministry of the Interior or Port Authority?	YES No

DETAILED DESCRIPTION OF THE MANNER AND OUTLINE OF THE ACCIDENT		
VISIBLE DAMAGE ON THE VESSEL		
a)	c)	e)
b)	d)	f)
THE FOLLOWING SHALL BE SUBMITTED IN ADDITION TO THE NOTIFICATION		
1. Copy of the sailing license	2. Certificate of Competency for Boat Skipper	
3. Report of the boating accident to the Port Authority		
Place and date:	Signature of the authorized person who received the claim:	Signature of the claimant:

Please send the form to the e-mail: prijavasteta@wiener.hr or bring it to the closest branch office

Wiener osiguranje Vienna Insurance Group d.d. is during the data processing at all times taking into account your concerns with regard to data protection. Detailed information about the processing of personal data may be found at the website <https://www.wiener.hr/informacije-o-obradi-podataka.aspx>.