

DAMAGE NO.

POLICY NO.

CLAIM NOTIFICATION UNDER VESSEL 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 INSURED | | |
|--|--|----------------------------|
| Casco policy number | | |
| Name and last name / company name | | |
| Address - phone | | |
| 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 MARITIME ACCIDENT | | |
| Date and time | | |
| Place | | |
| 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 licence | 2. Certificate of Competency for Boat Skipper | |
| 3. Report of the boating accident to the Port Authority | | |
| Place and date: | Signature of the authorised 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