

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 (please encircle)	
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 (please encircle)	
DETAILED DESCRIPTION OF THE MANNER AND OUTLINE OF THE ACCIDENT		
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
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: likvi-ri@wiener.hr or bring it to the closest branch office