DAMAGE NO. .....

POLICY NO. .....

WIENER OSIGURANJE
VIENNA INSURANCE GROUP

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	
E-mail	
VAT payer	YES - NO (please encircle)
Bank name, IBAN, SWIFT CODE	
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	
Driver name and surname	
Address	
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

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 or the claimant:

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

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