

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 (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 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 (please encircle) |

