



Coastal Marine Services Limited

Vessel Claim Form - Collision Damage

| | |
|--|---------------|
| Name of Vessel | |
| Registration Number | |
| Name & Address of Owner | |
| Telephone No | |
| Nature of Damage | |
| Cause of Damage | |
| Date & Time of Incident | |
| Place of Incident | |
| Weather Conditions (Wind, Visibility, Sea, etc.) | |
| Name of Person in Charge at Time of Incident | |
| Name of Surveyor Instructed | |
| Location of Vessel / Damaged Parts for Inspection/ Survey | |
| Name of Repairers if Known | |
| Estimated Cost of Repairs | |
| Are Permanent Repairs to be Deferred? | Yes/No |
| If so, until when? | |



| | | |
|--|--------|--|
| Name of Third Party Vessel/Property | | |
| Name & Address of Owners of Third Party Vessel/Property | | |
| Holding Liabile Notice Sent? | Yes/No | |
| Date & Time of Collision | | |
| Position | | |
| Course & Speed of Insured Vessel | | |
| Course & Speed of Third Party Vessel | | |

TOWAGE / SERVICES DETAILS

| | |
|--|--|
| Name of Towing Vessel and Registration Number | |
| Name of Vessel Towed and Registration Number | |
| Name & Address of Owner | |

POSITION OF TOWAGE

| | |
|---|--|
| From | |
| To | |
| Date & Time Request Received | |
| Date & Time Towage Commenced | |
| Date & Time Towage Completed | |
| Date & Time Resumed Fishing | |
| Distance Towed | |
| Amount Claimed (if known) | |
| Weather Conditions | |



**PLEASE ATTACH A SKETCH OR CHART EXTRACT SHOWING POSITION
AND COURSE OF VESSELS**

A large, empty rectangular box with a thin blue border, intended for the user to attach a sketch or chart extract showing the position and course of vessels.



STATEMENT -THIS SECTION MUST BE COMPLETED

DECLARATION

In completing and signing this document I am formally registering a claim for the above damage and agree to abide by the Coastal Policy in all matters relating to this claim.

I hereby declare that the particulars and answers given in this statement are in every respect true and correct and that I have not withheld any information which may influence the decision of the Underwriters in regard to this claim.

Signature

Print Name

Date