

CLAIMS AND SERVICES

Claims and services d.o.o. M.Vlašića 45a, 52440 Poreč
T. +385 52 633 300 F. +38 52 633 299 M. +385 99 31 31 003
E. info@claimsandservices.hr



Claim No.:	
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CLAIM NOTIFICATION UNDER ACCIDENT INSURANCE

All data processed on the basis of this claim form is necessary to collect information and documentation for further processing of the claim

INSURANT INFORMATION

Policy Nr:	
Name/ Company:	
VAT No:	
Address:	
Tel:	

VESSEL INFORMATION

Registration:	
Vessel name:	
Manufacturer/model:	

INFORMATION ABOUT THE ACCIDENT

Insurance policy No.:	
Date and place of accident:	
Weather conditions at the time of the accident:	
Injuries occurred as a consequence of the claim:	

DETAILED DESCRIPTION OF THE ACCIDENT

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SKETCHES OF THE EVENT**NOTE:****Info about crew members which confirm the statement of the skipper:**

Name and surname:	Signature:

Place and date:	Signature (stamp) person in charge for the claim notification:	Signature (stamp) of the applicant:

ATTACH WITH THE REPORT:

- Medical documentation
- List of crew and passengers

Send to: info@claimsandservices.hr