



Tel: 03333 219 430

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## **BASIC BOAT LIABILITY COMPANY INCIDENT REPORT FORM**

### **General Instructions**

Please answer all questions as fully as possible.

Please return this claims form along with any Third Party correspondence or documentation, unanswered, to:

**Basic Boat Liability Company**

**17 Hatherley Road**

**Sidcup**

**Kent**

**DA14 4BP**

### **1. Insured**

Full name

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone No.

\_\_\_\_\_

Business Telephone No. \_\_\_\_\_ Mobile

No \_\_\_\_\_

Email Address \_\_\_\_\_

### **2. Craft**

Name

\_\_\_\_\_

Make and Model

\_\_\_\_\_

Length \_\_\_\_\_

Design Speed

\_\_\_\_\_

Is your craft powered?       Yes       No

If yes, state whether inboard or outboard motor \_\_\_\_\_

Does the Insured person own the craft described above?       Yes       No

Was the craft being used with the Insured person's permission?       Yes       No

Please state the exact purpose for which the craft was being used at the time of the incident.

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Is there in existence, any other liability insurance covering the insured craft?       Yes       No

If Yes, please provide full details.

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### 3. Accident Details

Date of the incident \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time (am/pm) of the incident \_\_\_\_\_

Precisely where did the incident occur?

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Weather conditions

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Wind speed and direction

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Speed limit applicable

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Speed of your craft immediately prior to the incident

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Estimated speed of other craft (where applicable) immediately prior to the incident \_\_\_\_\_

Who had overall responsibility for your craft at the time of the incident?

Please provide name, address and home/business telephone numbers.

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Who was the person in control of your craft at the time of the incident? (If different from above)

Please provide name, address and home/business telephone numbers.

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Please give details and relevant experience/qualifications of person in control.

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**4. Accident Circumstances**

Please state fully what happened.

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Rough plan of accident. Please indicate North and direction and wind speed on the sketch.

Who do you consider to blame and why?

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State names and addresses of all

a) Passengers

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b) Independent Witnesses

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### 5. Other Craft Involved

Owner's name \_\_\_\_\_

Owner's address

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Owner's telephone number \_\_\_\_\_

Name and type of craft

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Name and address of Insurer

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Policy Number

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Apparent Damage

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Has any claim been made upon you?

Yes

No

If Yes, please give details.

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### 6. Nature and Extent of Damage

Damage to own vessel (please give details)

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Damage to other vessels (please give details)

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Damage to other property (please give details)

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## 7. Persons Injured

Name and address (state whether on board another craft or on board your own craft)

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Apparent injuries (please give details)

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Taken to hospital?                       Yes                       No

## 8. Declaration

I declare that these particulars are true to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_