

YACHT

Name of Yacht

PERSONAL DETAILS

(Claimant / Patient)

Name

Date of Birth Male Female

Address

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Phone No. Fax

E-Mail

Nationality

Position on board

CLAIM DETAILS

Is the Claim / Medical Expenses due to an

ACCIDENT **ILLNESS**

If due to an **ACCIDENT** please state date of occurrence,
if due to **ILLNESS** please state date which symptoms
first appeared.

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If due to an **ACCIDENT** please describe the
circumstances leading to your accident / if due to
ILLNESS please describe the cause of your illness.

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DOCTOR'S DETAILS

Please advise doctor / medical providers Name,
Address and Contact details.

Name

Contact details

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TREATMENT DETAILS

Please advise what treatment you have received due
to this accident / illness.

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Please advise any further ongoing treatment you
will/may be obtaining due to this accident / illness.

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If the claim is due to **ILLNESS** have you previously
received medical treatment in respect of the same
illness or for similar symptoms?

YES **NO**

If **YES**, please provide details including dates
symptoms first appeared and last date of
treatment.

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OTHER INSURANCE

Are you covered under any other Insurance?

YES **NO**

If **YES**, Name of Insurer

Policy Number

Contact details

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