

GEMINIA INSURANCE COMPANY LIMITED

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HULL CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters, in the applicants own handwriting or to his dictation.

The Insurers do not admit liability by the issue of this form.

Policy No _____

Name of insured _____

Address _____

Phone _____ Fax _____

Email _____

Type _____ Vessel name _____

Please answer the following questions

1. Exact time of incident Time: _____ am/pm Date _____

2. Where did the incident occur? _____

a. Latitude _____

b. Longitude _____

3. What happened? _____

4. For what purpose was the vessel being used? _____

5. Speed at time of incident _____ Tide _____

Weather conditions: ☐ visibility ☐ good ☐ fair ☐ very poor

☐ water ☐ calm ☐ moderate ☐ rough

☐ wind ☐ under 15 ☐ 15 – 29 ☐ 30 – 40 ☐ over 40 knots

6. a) Name of the person operating the vessel at the time of the incident _____

b) What is their relationship to the Assured? _____

c) Is this person the usual master? ☐ Yes ☐ No

If no, i) Why was this person operating the vessel? _____

ii) Please provide details of their qualifications/experience _____

d) Were any drugs or alcohol consumed by the person named in 6(a) within the 24 hours prior to this incident?

7. a) Name of other person(s) on the vessel at the time of the incident _____

b) How many crew were on board the vessel at the time of the incident? _____

c) Please provide details of qualifications/experience of all the crew (use a separate sheet of paper if necessary)

8. Has the Maritime Safety Authority been advised of the incident? ☐ Yes ☐ No

If no, please advise the reason _____

If yes, please advise Location of MSA office _____

Date advised _____

Name of person advised _____

How was this communicated to MSA ☐ Phone ☐ Fax ☐ Other (detail please) _____

Did you use a MSA Accident and Incident Report? ☐ Yes ☐ No If yes, attach a copy.

9. Please give full details of the damage to the insured vessel _____

10. Where can the vessel be inspected? _____

11. Has an estimate for the cost of repairs been obtained? ☐ Yes ☐ No
If yes, amount _____ From whom _____
12. What action, if any, has been taken to minimise loss/damage or liability? _____

13. Did you own all the damaged/lost property? ☐ Yes ☐ No
If no, owner's name and address _____

14. Do you have any other insurance which may cover this loss? _____
If yes, please provide details of insurance company and address _____

- a.) Have you previously had any insurance claims? ☐ Yes ☐ No If yes, detail on a separate sheet.
15. If theft/burglary/malicious damage, have the police been notified? ☐ Yes ☐ No
If no, why not _____
If yes, station reported to _____ Date _____

Note: Please attach police complaint acknowledgement form.

16. If burglary/theft, please advise how incident occurred and what security arrangements were in place at time of loss

Note: For theft/burglary claims please attach details of items stolen including purchase price and date.

**Liability to Third Parties: No liability should be admitted by you, or any offer made to compensate for damage.
All communications received should be forwarded to us immediately.**

17. Please provide details of damage to third party property_____

18. Provide name and address of the owner of the other vessel or property_____

19. Did you consider the incident to be the fault of any person other than yourself? ☐ Yes ☐ No

If yes, please give details_____

20. Did the other person admit liability? Yes ☐ No ☐

If yes, please give details_____

21. Estimate of damage to third party property_____

22. Loss of earnings (if insured) – number of days unable to operate_____

23. Details of rental/replacement vessel costs_____

Declaration

I/We declare that the above statements are true and correct and I/we have not withheld any material information which will directly or indirectly affect this claim.

Signature of Claimant_____Date _____

Print Name _____Position_____