

Personal Possessions Claim Form

Policy Number Claim Number

1. Your Personal Details

Full Name
Address
Contact Tel No. Email address

2. Boat details

Name of vessel Age
Make of vessel Value

3. Incident details

Date & Time
Place
Description

Was the vessel racing at the time? Yes No

4. Details of possessions

Details of individual items

| Description | Manufacturer | Age of item | Cost of replacement |
|----------------------|----------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Claimed | | | £ <input type="text"/> |

5. Declaration

I declare that the above answers and particulars are true and complete in every respect and that there is no other insurance in force covering my liability.

I confirm I authorise Towergate Mardon to handle my claim on behalf of the insurers

Signature of insured Date

Important:

No payment, settlement or admission of liability must be made without the consent of the company. Every notice written or verbal or any claim or legal proceedings must be forwarded to the company immediately. Do not acknowledge it yourself. In order to prevent and detect fraud we may at any time share information about you with other organisations and public bodies, including the Police

Please return completed forms to:

Email: claims@towergatemardon.co.uk

Post: Towergate Mardon Claims Dept. New Zealand House, 160-162 Abbey Foregate, Shrewsbury, Shropshire. SY2 6AL

Fax: 0870 156 6378

For any queries call our claims team on **0844 892 1320**