



HAMBURGER YACHTVERSICHERUNG SCHOMACKER®

LIABILITY-NOTICE OF CLAIM

INSURED PERSON :

INSURANCE POLICY NO.: _____

NUMBER OF DAMAGE (will be assigned to you):

NAME OF YACHT: _____

DATE OF DAMAGE: _____

PLACE OF DAMAGE: _____

Dear client,

please send us this notification of loss duly completed filled out and signed. In the meantime we would like to ask you to disclaim any claim amounts. Wait for our instructions and sent us all documents you may get in the meantime immediately.

DAMAGE DESCRIPTION:

HOW DID THE DAMAGE HAPPEN? (Please let us know an exact description, particularly with regard to your contributory negligence). Which rule or law did you break? If necessary please use the back.

IS THE CLAIM CHARGED AGAINST YOU OR ANOTHER INSURED?

YES, HOW MUCH €?: _____ **NO**

WHO IS RESPONSIBLE FOR THE DAMAGE? (Name and address, if child's also date of birth):

NAME AND ADDRESS OF MATERIAL WITNESS?

WHICH POLICE STATION TAKES THIS EVIDENCE? _____

FILE NUMBER: _____

WAS INITIATED CRIMINAL PROCEEDING AGAINST YOU?

YES, FILE NUMBER / AUTHORITY: _____ **NO**

CLAIMANT:

NAME AND ADDRESS:

IS THE CLAIMANT

A FAMILY? **AN EMPLOYEE?** **A SIGNATORY?** **DO YOU LIVE TOGETHER?**

(If so, which kind): _____



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MATERIAL DAMAGE:

WHICH GOODS ARE DAMAGED?

IS IT POSSIBLE TO REPAIR? YES NO, WHY NOT? _____

THE DAMAGED ITEMS WERE: NEW AS NEW USED WORN

WAS THERE A DAMAGE BEFORE? IF SO, WHICH? _____

HOW MUCH DO YOU ESTIMATE THE DAMAGE? ca. EUR _____

WHO OWNS THE PROPERTY? _____

WHERE CAN THE DAMAGE BE INSPECTED? _____

DID YOU:

RENT IT BORROW IT CUSTODY TREAT IT REPAIR IT FORWARDED IT?

Please send us photos of the damage, thank you.

BODILY INJURY:

WHICH KIND OF INJURY?

AGE OF INJURED PERSON? _____ PROFESSION? _____ FAMILY STATUS? _____

NUMBER AND AGE OF CHILD? _____

IS IT A WORK ACCIDENT?

YES, WHICH EMPLOYER'S LIABILITY INSURANCE ASSOCIATION WAS INFORMED? _____

NOTIFICATION UNDER SEC. 28 (4) VVG ON THE CONSEQUENCES OF NON-COMPLIANCE WITH DUTIES AFTER THE INSURED EVENT

Dear Sir / Madam,

When the insured event has occurred, we need your assistance.

Duty to provide information and clarify matters

On the basis of the contractual agreements concluded with you, we may demand from you, after the occurrence of an insured event, that you give us all information that we require to determine the insured event or the scope of our duty to pay benefits (duty to provide information) and to enable us to properly examine our duty to pay benefits by giving us all information that serves to clarify the facts (duty of clarification). We may also demand that you provide us with documentary evidence insofar as this can be reasonably expected of you.

Release from duty to pay benefits

If contrary to the contractual agreements, you wilfully provide no, or incorrect, information or wilfully fail to provide us with the supporting documents that we demand, you will lose your entitlement to benefits. If you are grossly negligent in failing to comply with the aforesaid duties, you

will not lose your entitlement completely, but we may reduce our benefits in proportion to the seriousness of your fault. There will be no reduction if you can prove that you were not grossly negligent in failing to comply with the duty.

Despite your failure to comply with your duties to provide information, assist in clarification or obtain supporting documents, we will remain obliged to pay benefits insofar as you prove that the wilful or grossly negligent failure to comply with the duty or duties was neither the cause for the determination of the claim nor for the determination, or scope, of our duty to pay benefits.

If you fraudulently fail to comply with the duties to provide information, assist in clarification or obtain supporting documents, we will in any case be released from our duty to pay benefits.

Note: If a third party, and not you yourself, is entitled to the contractual benefits, such third party is also under a duty to provide information, assist in clarification and obtain supporting documents.

Place, date

Signature



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SUPPLEMENTARY DETAILS TO THE FIRST PAGE:

DAMAGE DESCRIPTION:

WITNESS:

MISCELLANEOUS:

SKETCH OF DAMAGE:



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SPECIAL QUESTION IN CASE OF SKIPPER LIABILITY INSURANCE::

WHERE DID YOU CHARTER THE BOAT? _____

NAME OF THE CHARTER COMPANY: _____

CONTRACT NUMBER: _____, **CONCLUDE ON** _____

DID YOU INFORM THE CHARTER COMPANY ABOUT THE CLAIM?

YES **NO, WHY NOT?**

ASSURER OF THE BOAT? _____

DID YOU INFORM THE ASSURER?

YES **NO** **IF YES, FILE NUMBER:** _____

IS THE CLAIM ALREADY IN PROCESS OR ADJUSTED BY THE ASSURER?

YES **NO**

Please deliver us the correspondence!

COULD THE ASSURER ATTEST YOU GROSS NEGLIGENCE?

YES **NO**

Place / date

Signature