




**EQUITABLE ADJUSTING
& SERVICE COMPANY**

MEMBER OF  MOYLAN'S INSURANCE COMPANIES

Suite 217, Julale Center
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Hagatna, Guam 96910
Phone: (671)477-7514 Fax(671)477-7515

Marine Hull/ Liability Claim Form

The supply and acceptance of this form is not to be implied as an admission of liability on the part of Moylan's Insurance Underwriters, Inc. or it's carriers.

Claim Number: _____

Name of Insured: _____

Contact Person: _____

Phone No.: Home: _____ Work: _____ Mobile: _____

Email: _____

Postal Address: _____
City: _____ State: _____ Zip Code: _____

Broker/Agent: _____ Phone No.: _____

Policy No.: _____ Excess \$: _____

Inception Date: _____ Expiry Date: _____

Interested Parties:

Is the vessel being claimed for under a Financial Agreement? Yes _____ No _____

Name of Financer: _____ Contract No.: _____

G.S.T: Are you registered for GST purposes? Yes _____ No _____ A.B.N. _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____%

To what extent are you entitled to claim an Input Tax Credit on the GST for this vessel? _____%

Details of Insured Vessel:

Vessel Name: _____
Registration No.: _____
Sail No. _____
Type of Vessel: _____
Motor Make _____
Serial No.: _____
Motor Type: **Inboard** _____ **Outboard** _____ **Petrol** _____ **Diesel** _____

Is there any other Insurance Policy that would indemnify you in respect of this accident? Yes ___ No ___

If Yes, give details: _____

Details of Damaged To Insured Vessel:

Where can Vessel be inspected? _____
Name of Repairer: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone No.: _____ Estimate of Repair Cost \$ _____

Prior to this incident, was the Vessel in a fit condition to be used and seaworthy? Yes ___ No ___
Give details: _____

Details of Person in Charge of Vessel:

Name: _____ Age _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone no. : Home: _____ Work: _____ Mobile: _____
Boat License No.: _____ Expiry Date: _____ Place of Issue: _____
Does the person have any physical defect or infirmity in limbs, eyesight, or hearing, or have they ever suffered from a fit of any kind? Yes: _____ No: _____

If yes, give details: _____

Was the person injured? Yes: _____ No: _____

If yes, give details: _____

Particulars of Incident Date _____ Time: _____ am/pm
Place of incident _____
Estimated Speed at Time of Accident _____ KM/Hr
Estimated Sped of other Craft at time of Accident _____ KM/Hr
Speed Limit in area of the Accident _____ KM/Hr

Give a general description of the accident with all the circumstances and particulars:

Diagram of location of accident/loss (show direction of Vessels, Wind, Tide, ect.)

Personal Injury

Name of Injured Person: _____

Occupation: _____

Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: Home: _____ Work: _____ Mobile: _____

Vessel Name: _____

Registration No.: _____

Sail No.: _____

Describe where they were and how they were injured:

Was treatment given at the scene of the incident: _____

If yes, by whom: _____

Was transport provided to hospital: _____

Details of Other Vessel

Vessel Name: _____

Registration No. _____

Sail No. : _____

Type of Vessel: _____

Motor Make: _____

Serial No.: _____

Motor Type: Inboard: _____ Outboard: _____ Petrol: _____ Diesel: _____

Owner's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Name of the Insurer (if known) _____
Where there any passengers in the Other vessel? Yes ___ No ___ How Many? _____

Damage to Other Vessel or Property (Do Not Approach the Other Party to obtain this information)

Details of Damage _____
Has a claim been made to you by a third party? _____
If Yes, give details _____

Person(s) injured in other Vessel

Name: _____
Injury Details: _____

Name: _____
Injury Details: _____

If you have received any written communication, do not answer. Please attach it to this form.

Witness

Where there any witnesses to the event? _____

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone No.: Home: _____ Work: _____ Mobile: _____
Where was the witness: _____

Notifying Authority:

Has the accident or loss been reported to a Police or Maritime Service Officer? _____
Name of Officer: _____
Time Reported: _____
Date: _____
Police Station: _____
Police Report/ MSB No.: _____
In your opinion, who was at fault? _____
Why? _____

Has the person responsible ever had their license endorsed, suspended or cancelled? _____
If yes, give details: _____

Was any liquor consumed by the person during the 12 hours before the accident? _____
If yes, give details: _____

History:

Have you or the person in charge of the vessel had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? _____

Have you or the person in charge had an accident or made a claim on a marine insurance policy in the last 5 years? _____

Have you or the person in charge been charged or convicted of any boating or marine offense in the last 5 years? _____

Have you or the person in charge been charged or convicted of any criminal offense? _____

If Yes, to any history question, please give details? _____

Signature of Insured: _____

Date: _____

Signature of Vessel Operator: _____

Date: _____