



Yacht Claim Form

Use of this form is not to be taken as an admission of liability.

Please complete this form and sign. Failure to disclose all material information and/or misrepresentation could result in your insurance being declared void by the insurer and a claim being rejected. When complete, please send this form via email to submitclaim@bfm.bm, or fax it to 295-8647.

1. Policyholder details

Insured name (first/middle/last):			Policy number:		
Address:			DOB (dd-mmm-yyyy):		
Phone: H	W	C	Email:		

2. Vessel details

Name:	Type of vessel:	
Value in dollars: BMD \$	Age of vessel (years):	Number of crew carried:

3. Skipper details

Skipper name (first/middle/last):			Years of experience:		
Address:					
Phone: H	W	C	Email:		

4. Details of incident

Location:			Date (dd-mmm-yyyy):			
Time:	<input type="checkbox"/> am	<input type="checkbox"/> pm	Was the vessel racing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wind speed:
Sea conditions:			Date the vessel was last inspected (dd-mmm-yyyy):			
Provide details on how the incident occurred:						

5. Details of damage to vessel

i Do not begin repairs until the estimate has been approved by BF&M. Estimates of repair or replacement should be submitted as soon as possible.

Nature and extent of loss or damage:	
Repairs to the vessel:	
Approximate cost of repairs: BMD \$	Location where vessel can be inspected:
What is being done to minimise the loss or damage:	

6. Details of desired repairer

Yard/Name: <input type="text"/>	
Address: <input type="text"/>	
Phone: <input type="text"/>	Email: <input type="text"/>

7. Details of dinghy or punt (if involved)

Type: <input type="text"/>	Manufacturer: <input type="text"/>	Year (dd-mmm-yyyy): <input type="text"/>
Was tender marked with name of the parent vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No		

8. Details of theft (if involved)

Location: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>	Time: <input type="text"/>	<input type="checkbox"/> am <input type="checkbox"/> pm
Date the vessel was last inspected (dd-mmm-yyyy): <input type="text"/>	Name of who discovered the theft: <input type="text"/>		
How was entry made and/or item removed: <input type="text"/>			
Was it reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of officer: <input type="text"/>	Incident number: <input type="text"/>	
Description of stolen item(s): <input type="text"/>			
Name and address of manufacturer: <input type="text"/>			
Date purchased (dd-mmm-yyyy): <input type="text"/>	Cost of replacement(s): BMD \$ <input type="text"/>		
Cost of repair: BMD \$ <input type="text"/>	Amount claimed (value at date of loss): BMD \$ <input type="text"/>		

9. Details of outboard motor(s)

Make: <input type="text"/>	Year of manufacture: <input type="text"/>
Horsepower: <input type="text"/>	Model: <input type="text"/>

10. Salvage details

Provide full details including names and addresses of those who claim to have rendered and salvage services and under what circumstances:

11. Details of third parties

i If a third party is considered to be at fault, a copy of your letter holding the owner responsible should be forwarded with this form together with details of their insurers if known.

Provide full details of damage or injury and names and addresses of all persons concerned:

Have any claims been made against you? Yes No If yes, state the amount: BMD \$

12. Witnesses on board the vessel

First witness			
Name (first/middle/last): <input type="text"/>			
Address: <input type="text"/>			
Phone: H	<input type="text"/>	W	<input type="text"/>
C	<input type="text"/>	Email:	<input type="text"/>

Second witness			
Name (first/middle/last): <input type="text"/>			
Address: <input type="text"/>			
Phone: H	<input type="text"/>	W	<input type="text"/>
C	<input type="text"/>	Email:	<input type="text"/>

13. Independent witnesses

First witness			
Name (first/middle/last): <input type="text"/>			
Address: <input type="text"/>			
Phone: H	<input type="text"/>	W	<input type="text"/>
C	<input type="text"/>	Email:	<input type="text"/>

Second witness			
Name (first/middle/last): <input type="text"/>			
Address: <input type="text"/>			
Phone: H	<input type="text"/>	W	<input type="text"/>
C	<input type="text"/>	Email:	<input type="text"/>

Declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data, in accordance with BF&M's privacy policy (www.bfm.bm/privacy).
- I understand that I may withdraw my consent at any time by email to privacy@bfm.bm but that may impact BF&M's ability to provide insurance, related services or pay insurance claims benefits.
- I confirm that any personal data I provide to BF&M in respect of any third party, is done with that third party's consent and knowledge of BF&M's processing of their personal data.

By submission of this document, I hereby declare that all the above answers and particulars are true and complete in every respect, and agree to provide additional information to the Company, if required.

Name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

Please review all details carefully before submitting. Completed forms can be submitted via email to submitclaim@bfm.bm.

Claims guidance notes

The circumstances surrounding any accident are stressful and upsetting. If you have to make a claim, it is our objective to ensure the service you receive is sympathetic, efficient and fair. The notes below are designed to help you and us achieve this objective.

What you should and should not do

In the unfortunate event of loss or damage being sustained, you should report the circumstances to BF&M as soon as possible by telephone on +1 441 295 5566 with an indication of the amount likely to be involved in repairing the damage or replacing the lost items.

- *If theft or malicious damage is involved, you must notify the police.*
- *You should not admit liability or assume any obligation.*
- *You must take reasonable steps to safeguard your property.*
- *Please act as if you are uninsured. Do not automatically assume that your insurance will apply to this loss.*

What are your responsibilities?

You are responsible for making arrangements for the recovery of your boat, for monitoring and ensuring the repairs are completed satisfactory. Only a BF&M representative can give instructions for repair work to commence.

What we will do

We will provide you with a claim form, which you should complete and return as soon as possible together with a competitive repair estimate. If we decide to appoint a Marine Surveyor to inspect and report upon the damage or incident, we will ask the Surveyor to contact you so that appropriate arrangements can be made.

The role of the Surveyor is to advise you regarding salvage and towage where necessary, make an assessment of the incident and determine the cause of the damage and to list the damage and recommendations for repairs. They will review the repair estimates and discuss with you and the repairer, any estimates that appear unreasonable. It is the Surveyor's role to attempt to have the damage repaired to the pre accident condition.

We will keep you reasonably informed about the progress of your claim. Once the estimates, claim form and Surveyor's report (if applicable) have been reviewed, we will report the facts to the Underwriters, and advise you of their views and explain the reasons to you. We will then approve repairs via a repair release.

When the repairs have been completed to your satisfaction and a repair release signed by all parties, we will settle the repair bill less any deductible and deductions for wear and tear.