



**BAHAMAS FIRST**  
*General Insurance Company Limited*

93 Collins Ave.  
 P.O. Box N-1216  
 Nassau, Bahamas

Telephone: (242) 326-5439  
 Telefax: (242) 326-5472

**Claim Form**  
**Sailing Craft or Motor Boat**

Name of Assured.....	Name of Vessel.....
Address.....	Policy Number.....
.....	Period of Insurance.....
Telephone No.....	Sum Insured.....

<b>Details of Accident</b>	Date: _____ Time: _____
	Location:.....
	Who was in charge at that time?.....
	For what purpose was the vessel being used?.....
	Was she racing at the time?.....
	If vessel has been wrecked, state:
	(a) exact location of wreck:.....
(b) do you think it can be salvaged?.....	
(c) to whom has it been reported?	

<b>Damage to Vessel</b>	Where can the vessel be inspected?.....
	.....
	What is the extent of the damage?.....
	.....
	If vessel is with Repairers, give their name and address:.....
	.....
	If a repair estimate has been obtained please attach it to this report.

<b>Salvage</b>	Please give full details of any Salvage services rendered, including names of those who performed them and under what circumstances.
	.....
	.....

<p><b>Witnesses of the Accident</b></p>	<p>Please give names and addresses of all persons who were on board the vessel at the time of the accident:</p> <p>.....</p> <p>.....</p> <p>Please give names and addresses of any independent witnesses of the accident:</p> <p>.....</p> <p>.....</p>
<p><b>Third Parties</b></p>	<p>Please give full details of any injury to persons and/or any damages to any other vessel or property. Please pay particular attention to the NOTE at the foot of this Section.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Has anyone made a claim on you? YES/NO. If so, please give name, address, basis of claim and the amount being claimed.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><b>NOTE: ALL COMMUNICATIONS FROM THIRD PARTIES SHOULD BE FORWARDED IMMEDIATELY TO THE COMPANY. <u>REMEMBER YOUR RIGHTS UNDER THE POLICY MAY BE PREJUDICED IF YOU ADMIT LIABILITY WITHOUT THE PRIOR CONSENT OF THE COMPANY.</u></b></p>
	<p>PLEASE GIVE A FULL ACCOUNT OF HOW THE ACCIDENT OCCURRED IN THE SPACE PROVIDED OVERLEAF TOGETHER WITH A SKETCH PLAN AS APPROPRIATE.</p>

**A full  
account of  
the  
accident  
with sketch  
if  
appropriate**

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I hereby declare the foregoing particulars to be true to the best of my knowledge and belief.

Date:..... Signature.....