



R · J · P  
MARINE  
*Insurance*

1-7 Dunstall St  
Scunthorpe  
N Lincolnshire  
DN15 7AU  
Tel: 01724 855510

**CRAFT: FIRE CLAIM**

Please answer all questions on this page as fully as possible and relevant sections on other pages.

POLICY NO \_\_\_\_\_  
RENEWAL DATE \_\_\_\_\_

**Customer Service Charter**

We aim to provide:

- A high quality, efficient and helpful service
- A swift and courteous response to all claim forms, associated documentation or correspondence
- Prompt payment in respect of valid claims following their authorisation
- A speedy indication that a claim cannot be met until further information is received
- Up to date information on the current position of your claim it cannot be paid quickly

**Fraud Prevention and Detection**

In order to prevent and detect fraud we may at time:

- Share information about you with other organisations and public bodies including the Police;
- Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to:
  - Help make decisions about the provision and administration of insurance, credit and related services for you and members of your house hold;
  - Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies;
  - Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

**Claims History**

- Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database.
- We may search these databases when you apply for insurance, in the event of any incident or claim, or at any time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

In assessing any claims made, the insurer and its agents may undertake checks against publicly available information (such as electoral roll, County court judgements, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators).

Policy Holder Full Name _____
Home Address _____
_____ Pcode _____ Tel No _____
a) Is the insured registered as a taxable person for VAT? YES/NO*
b) If the insured is registered for VAT, if full remission of input tax obtained? YES/NO*
c) If only partial remission of VAT is obtained, state last annual adjusted % of tax _____%

**Craft**  
Make \_\_\_\_\_ Model \_\_\_\_\_ Year of Make \_\_\_\_\_  
Hull No. \_\_\_\_\_ Eng No. \_\_\_\_\_ Datatag Reg No. \_\_\_\_\_  
If craft is subject to hire purchase agreement, state name of finance company, address & Agreement number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
If in use state fully the purpose of which the craft was being used \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Damage to insured craft**  
What damage was caused to the insured craft? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Repairer's name, address and telephone no. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
In all cases where your craft is damaged and you are entitled to claim under the policy, please send an estimate for repairs to the Company immediately  
Is the craft at the repairer's premises? YES/NO\*  
If not, where is the craft now? \_\_\_\_\_  
Where will it be taken in for repair? \_\_\_\_\_  
Do you have any objection to the craft, if appropriate, being moved to an alternative repairer? YES/NO\*

**Incident**  
Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm\*  
Place \_\_\_\_\_  
Who was last in charge of the craft? Give name, address and telephone no.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Where was the craft? \_\_\_\_\_  
What security was in place? \_\_\_\_\_  
\_\_\_\_\_  
When was the fire discovered?  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  
By Whom? \_\_\_\_\_  
\_\_\_\_\_

**Incident (continued)**

Please give full details of the incident including any information relating to the cause of the fire.

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a) Was the incident reported to or attended by the Fire Brigade? YES/NO\*  
If so please give details including any reference numbers \_\_\_\_\_

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b) Was the incident reported to or attended by the Police? YES/NO\*  
If so please give details including any reference numbers \_\_\_\_\_

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Are you making a claim for any other property damaged in the same incident?  
If so please give details of the Insurer(s) involved.

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**Declaration**

I declare that these particulars as true to the best of my knowledge and belief.

**Sensitive data**

In order to assess the terms of the insurance contract or administer claims which arise, the insurer may need to collect data which the Data Protection Act defines as sensitive (such as medical history or criminal convictions). By proceeding with this application you will signify your consent to such information being processed by the insurer or its agents

Signature \_\_\_\_\_ Date \_\_\_\_\_

