

**Eis European Insurance & Services GmbH**

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Notification of damage:  
**Sportboat Third Party Insurance**





## Claimant's information

### Claimant's yacht information

54. Shipyard \_\_\_\_\_ 55. Type \_\_\_\_\_
56. License plate no. \_\_\_\_\_ 57. Name of the boat \_\_\_\_\_
58. Which parts have been damaged? \_\_\_\_\_  
\_\_\_\_\_
59. To what degree? \_\_\_\_\_  
\_\_\_\_\_
60. Approximate repair cost \_\_\_\_\_
61. Where can the ship be examined by an expert? \_\_\_\_\_  
\_\_\_\_\_
62. If the boat has already been examined by a technical expert – name, address, phone of the expert  
\_\_\_\_\_  
\_\_\_\_\_
63. Has an official authority drawn up a report of the incident?  No  Yes  
(Name, address, phone) \_\_\_\_\_  
\_\_\_\_\_
64. Who is the defendant in the proceedings? \_\_\_\_\_  
\_\_\_\_\_
65. Are the damaged parts insured? If so, through which insurance company?  
\_\_\_\_\_
66. Policy no. \_\_\_\_\_
67. When were the damaged parts purchased? \_\_\_\_\_
68. Where and for what price were they purchased? \_\_\_\_\_

## Bank information

69. Account holder \_\_\_\_\_ 70. Routing no. \_\_\_\_\_
71. Account no. \_\_\_\_\_ 72. Bank \_\_\_\_\_
73. IBAN \_\_\_\_\_ 74. BIC \_\_\_\_\_

## Information on the damage

75. Course of Events and Causes Leading to the Damage \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
76. Witnesses \_\_\_\_\_  
\_\_\_\_\_
77. Chatercancellation
- Bookingplan of the own yacht of the chartercompany
  - All chartercontracts for the fixed period of cancellation
  - Down payment for the corresponding contract

**If Persons Have Been Injured or Killed**

**Information on affected Party (s)**

Answer the questions only insofar as it is possible without an interrogation of the injured or a relative.

78. Person 1

79. Person 2

|                             |  |  |
|-----------------------------|--|--|
| 80. Name                    |  |  |
| 81. Date of birth           |  |  |
| 82. Profession              |  |  |
| 83. Street, no.             |  |  |
| 84. Zip code, city, country |  |  |
| 85. Marital status          |  |  |
| 86. Phone                   |  |  |
| 87. Fax                     |  |  |
| 88. E-mail                  |  |  |

|                                 |  |  |
|---------------------------------|--|--|
| 89. Description of the injuries |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |
|                                 |  |  |

**Skipper at the Time of the Damage**

90. First name, last name, date of birth, address, e-mail \_\_\_\_\_

91. Skipper's license no. (please attach copy) \_\_\_\_\_

92. Location where damage occurred \_\_\_\_\_

93. Weather conditions (in case they had an impact on the occurrence of the damage, please attach proof) \_\_\_\_\_

We confirm hereby that we have not received and will not receive any payments from other insurers for this same loss event and that this insurance policy is the sole one for this vessel.

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

We are legally obligated to inform you that false, untrue or incomplete details lead to the loss of insurance coverage, even if the insurer did not suffer from any disadvantage due to the flawed information.

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



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