



INSURANCE CORPORATION OF BELIZE LIMITED

Marine Claimant Form

NOTICE TO CLAIMANT: For the processing of a claim the following will be needed in the event of Property Damage:

1. Photographs of the vessel showing damaged areas
2. Police Report
3. Report from Belize Port Authority
4. Invoice or estimate for repairs.
5. Invoice or estimate detailing parts needed for repairs showing prices.

To be completed by Claimant

Name:	Address:	Telephone No.	Age:
Date of Accident:	Vessel Name:	Point of Embarkation:	Point of Disembarkation:

VESSEL OWNER'S OR OPERATOR'S STATEMENT OF LOSS

Today's Date _____ at _____ am/pm. I, _____ am the owner/operator of the vessel _____ Hull Registration/Documentation # _____

My address is _____

On the _____ day of _____ 20____, at approximately _____ o'clock __ m., while located at _____ the above vessel and/or person (s) met with an accident, or injury, the circumstances of which are in details as follows:

At the time of the accident _____ was operating the vessel.

The damage directly caused to said vessel by this accident is as follows: (Describe in detail all parts of the vessel which were damaged and the extent of the damage, or attach survey if available):

The damage to said vessel may be seen at _____

Cost of repairs has been estimated at \$ _____ (attach written estimate).

As result of this accident, damage was caused to other vessels or property, or injury to persons, as follows (providing fully the names and address of the property damaged or persons injured. If no damage or injuries indicate by N/A).

<u>Name and Address</u>	<u>Type of damage or injury</u>	<u>Estimated Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

List the names and permanent address of witness, including passengers and crew (attached statements)

<u>Witness</u>	<u>Address/Phone Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

At the time of loss the vessel was owned by _____ with no encumbrances (leans or mortgages) on the same and there was no insurance other than Policy # _____ issued by . _____ except as follows [list any encumbrances (leans or mortgages) and other insurance policies]. _____

ALL FACTS MATERIAL TO THE QUESTION OF INSURANCE LIABILITY ARE STATED ABOVE OR ATTACHED HERETO AND NO SUCH FACT IS WITHHELD. (NOTE IN CASE OF COLLISION, A DIAGRAM SHOWING HOW IT HAPPENED SHOULD BE ATTACHED) NEITHER THE FURNISHINGS OF THE FORM NOR ACCEPTANCE OF THE COMPLETED STATEMENTS BY THE INSURANCE CORPORATION CONSTITUTES ADMISSION OF LIABILITY BY SAID CORPORATION.

Signed _____
(State whether owner, operator, etc.)