

## Claim Notification

Please complete the sections below in clear block capitals and forward immediately to either your broker or [claim@special-risks.co.uk](mailto:claim@special-risks.co.uk). Failure to do so may result in delay in the handling of your claim

Name of Assured:	Policy Number:	Date of Inception (MM/DD/YY):
Address:	Make/Manufacturer/Year of vessel:	Date of Incident (MM/DD/YY):
Contact Name:		
Telephone Number:		
Email Address:		
Location of Vessel:		
Contact Name and Number at Location:		
Likely Cost of Repair:		
Repair Estimates Attached:     Y / N		
Reported By:		
Date (MM/DD/YY):		
Please provide details of the loss, i.e. how it happened type of damage etc. (Please continue onto further sheets if necessary):		