

This form will be processed automatically. Please print just **one letter/numeral** in each box!

Insured party

Policy number		Damage number	
Family name			M F
Initials	Preposition of family name	Date of birth	day month year 1 9
Postal code		House number	
Street name			
City or town			
Bank account number		Telephone number	

Information on vessel

Sort of vessel		Date of purchase	
Name of vessel			
Year built			
romp-/HIN number			

Propulsion machinery of vessel

Make		Sort of machinery	<input type="checkbox"/> Outboard <input type="checkbox"/> Inboard
Series + model number(s)			
Year built		PK/KW	

Information on dinghy

Sort of dinghy		Year built	
Make of dinghy			

Propulsion machinery of dinghy

Make		Date of purchase	
		Year built	

Trailer

Make		Year built	
Chassis number		Registration number	- -

Skipper at time of accident

Family name			
Postal code		House number	
Street name			
City or town			
Telephone number			

PLEASE CONTINUE ON PAGE 2

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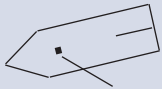
Use

boat trip competitive match sailing at sea sailing in the breakers

Damage incident

Date																			
City or town																			
Country																			
Short description																			

Please clarify the description with a simple sketch of the situation showing, for example, the position of a sailboat's sails as



and the direction of the wind as



Opposite party

Family name																			
Postal code																			
House number																			
Street name																			
City or town																			
Telephone number																			
Policy number																			
Make of vehicle/vessel																			
Type of vehicle/vessel																			
Is the involved party insured?																			
Insurance company																			
Registration number of car																			
Registration number/name of vessel																			

Police

Were the police called in?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Immediately	<input type="checkbox"/> Later	Official report/report drawn up	<input type="checkbox"/> yes	<input type="checkbox"/> no
Postal code					House number		
Street name							
City or town							

PLEASE CONTINUE ON PAGE 3

CONTINUATION DAMAGE CLAIM WATER SPORTS

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documentcode 8 6 8 6

Witness 1

Family name															
Postal code						House number									
Street name															
City or town															
Telephone number															

Witness 2

Family name															
Postal code						House number									
Street name															
City or town															
Telephone number															

Holiday (complete if costs for replacement accommodation incurred)

Date on which vessel sent for repair						Holiday period in which vessel was used	from						to					
						Date on which repairs completed												

Injury (complete if illness or bodily injury involved)

Ill or injured	Family name														
	Postal code						House number								
	Street name														
	City or town														
	Telephone number						Person on board	<input type="checkbox"/> your vessel <input type="checkbox"/> opposite party's company							
	Sort of injury or illness														
	Insurance	<input type="checkbox"/> National Health Service <input type="checkbox"/> Private insurance company					Insurance company								
	Cover of private insurance policy	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical specialist <input type="checkbox"/> General physician <input type="checkbox"/> Chemists's					Policy excess €								
	Damage claimed	<input type="checkbox"/> yes <input type="checkbox"/> no													

Damage (specification of damaged/lost objects)

Description	Purchase price	Date of purchase			Repair costs (in full euros)
		day	month	year	
1	€ . . . / -				€ . . . / -
2	€ . . . / -				€ . . . / -
3	€ . . . / -				€ . . . / -
4	€ . . . / -				€ . . . / -

PLEASE CONTINUE ON PAGE 4.

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Repairs done by										Date									
Family name																			
Postal code					House number														
Street name																			
City or town																			
Telephone number																			

Note: Please attach repair bills and any police statements

Declaration

The undersigned declares that:

- he has answered the above questions and provided the above information to the best of his ability, accurately and in keeping with the truth and has supplied all of the details relating to the damage;
- he will provide the company with this damage claim form and any further information required so that the damage and the right to damage compensation can be assessed;
- he has read the contents of this form.

The information provided on this form by the insured party can be processed in an Insurers' Central Information System that is the property of the CIS foundation in Zeist (www.stichtingcis.nl). The report of this processing of personal data was submitted to the Dutch Data Protection Authority on 9 August 2002. The personal data on this form and any personal data subsequently submitted can be included in the client registration system of Unigarant N.V.

Date

Signature

Send claim form to:
Unigarant N.V.
Antwoordnr 400
7900 VB Hoogeveen