

CREW EXPENSES

YACHT

Name of Yacht _____

PERSONAL DETAILS (Claimant / Patient)

Name _____

Date of Birth _____ Male Female

Address _____

Phone No. _____ Fax no. _____

E-Mail _____

Nationality _____

Position on board _____

CLAIM DETAILS

Is the Claim / Medical Expenses due to an

ACCIDENT **ILLNESS**

If due to an **ACCIDENT** please state date of occurrence,
If due to **ILLNESS** please state date which symptoms first
appeared.

If due to an **ACCIDENT** please describe
the circumstances leading to your accident. / If due to
ILLNESS please describe the cause of your illness.

DOCTOR'S DETAILS

Please advise doctor / medical providers Name,
Address and Contact details.

Name _____

Contact details _____

TREATMENT DETAILS

Please advise what treatment you have received
due to this accident / illness.

Please advise any further ongoing treatment you will/may be
obtaining due to this accident / illness.

If the claim is due to **ILLNESS** have you previously received
medical treatment in respect of the same illness or for similar
symptoms?

YES **NO**

If **YES** please provide details including dates symptoms first
appeared and last date of treatment.

OTHER INSURANCE

Are you covered under any other Insurance ?

YES **NO**

If **YES**,

Name of Insurer _____

Policy Number _____

Contact details _____

