CREW EXPENSES

crsyachts
SUPERYACHT INSURANCE

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 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 _____

_____

_____

_____

SUMMARY OF CLAIM

In order to fully process your claim please list and detail each invoice provided

Invoice Number	Date	Doctor / Medical Provider	What type of service was provided	Cost
			Total Claim Amount	

ACCESS TO MEDICAL REPORTS ACT 1988

As part of your claim, a Medical Report may be required from your Doctor, However, before Underwriters can apply for a Medical Report your consent is required. Before signing the Consent Form at the foot of this page, you should read the following summary of your rights

(A) You can withhold your consent but if you should do so your insures may be unable to process your claim.

(B) You can see the report before it is sent to insurers, or during the six months after.

(C) You can ask the doctor if he/she will amend any part of the report You can ask the doctor if he/she will amend any part of the report which you consider incorrect or misleading. If the doctor is not in agreement you may append your own comments.

(D) The doctor can withhold from you the report, or part of it, if they think you may be harmed seeing it.

CONSENT TO OBTAIN A MEDICAL REPORT

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and, in accordance with my insurance claim, hereby consent to the underwriters being provided with medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health and I agree that a copy of this concent shall have the validity of the original.

I wish to see the report before it is sent to the Insurers ☐

I do not wish to see the report before it is sent to the Insurers ☐

DECLARATION

I certify that all information contained in this form is true, correct and complete to the best of my knowledge.

Signed _____ **Dated** _____