

# DIVE CHARTER VESSEL INCIDENT / CLAIM REPORT

## OWNER / OPERATOR / VESSEL INFORMATION:

Page 1 of 2

Name of Insured: \_\_\_\_\_

Vessel Name: \_\_\_\_\_



Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

Where is your vessel now? \_\_\_\_\_

## TYPE OF INCIDENT (check all that apply):

- |  |   |  |                                |
|--|---|--|--------------------------------|
| <input type="checkbox"/> Injury to passenger | <input type="checkbox"/> Collision with other vessel    | <input type="checkbox"/> Grounding           | <input type="checkbox"/> Other |
| <input type="checkbox"/> Injury to crew      | <input type="checkbox"/> Collision with other structure | <input type="checkbox"/> Machinery Breakdown |                                |

## DETAILS:

Please describe fully the circumstances leading to the incident (I.E. purpose of journey, destination, weather conditions etc.)\_

---

---

---

## APPARENT DAMAGE TO VESSEL(S):

Please describe fully the apparent damage to your vessel: \_\_\_\_\_

---

Estimated Cost to Repair: \$ \_\_\_\_\_

Please describe fully the apparent damage to other vessel(s) / structure(s): \_\_\_\_\_

---

Estimated Cost to Repair: \$ \_\_\_\_\_

## STEPS TAKEN TO MINIMIZE DAMAGE TO VESSEL(S):

Please describe any action taken and current location / condition of vessel: \_\_\_\_\_

---

---

---

---

• APPARENT INJURIES:

Please describe fully any injuries: \_\_\_\_\_

---

---

---

Names and basic details (age, contact numbers etc.) of injured party(s): \_\_\_\_\_

---

---

---

• FIRST AID TREATMENT GIVEN:

Please describe fully any first aid treatment given as well as details of third parties contacted (ambulance, paramedic etc.): \_\_\_\_\_

---

---

---

• CURRENT CONDITION OF INJURED PARTY(S):

Please describe current condition if known: \_\_\_\_\_

---

---

---

• PERSON MAKING REPORT (MASTER):

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*BE SURE TO ATTACH COPIES OF APPLICATION FORMS & WAIVERS COMPLETED BY THE INJURED PARTY**  
Send to [pmeyer@owlunderwriting.com](mailto:pmeyer@owlunderwriting.com)

