



Sunderland Marine

Mutual Insurance Company Limited

P.O. Box 754, Nelson, New Zealand – Tel. +64 3 5468824 – Fax +64 3 5468814

DAMAGE REPORT AND CLAIM FORM

THIS FORM CONTAINS 4 PAGES

1. CLAIMS

NAME AND REGISTERED NUMBER OF VESSEL	
NAME, ADDRESS, AND TELEPHONE OF OWNERS	
NAME, ADDRESS, AND TELEPHONE OF SKIPPER (if different from above)	
NATURE OF DAMAGE (in the event of machinery failures, maintenance and overhaul records will be required)	
CAUSE OF DAMAGE	
DATE, TIME, AND PLACE OF INCIDENT	
WEATHER CONDITIONS (wind, sea and visibility, etc.)	
NAME OF PERSON IN CHARGE	
NAME, ADDRESS, AND TELEPHONE OF THIRD PARTY	
NAME OF SURVEYOR APPOINTED	
NAME OF REPAIRER(S) (if known)	
ESTIMATED COST OF REPAIRS (if known)	
APPROXIMATE DATE OF REPAIRS IF DEFERRED	

2. TOWAGE (if applicable)

NAME, AND REGISTERED NUMBER OF TOWING VESSEL	
NAME, AND REGISTERED NUMBER OF VESSEL TOWED	
NAME AND ADDRESS OF OWNERS OF TOWING VESSEL	
TOWAGE FROM / TO	
DATE AND TIME COMMENCED / COMPLETED	
DISTANCE TOWED (and steamed, if any)	
AMOUNT CLAIMED (if known)	
WEATHER CONDITIONS	

3. COLLISION (if applicable)

NAME OF THIRD PARTY VESSEL/PROPERTY	
NAME AND ADDRESS OF OWNERS	
HOLDING LIABLE NOTICE SENT?	
DATE, TIME, AND POSITION OF COLLISION	
COURSE AND SPEED OF INSURED VESSEL	
COURSE AND SPEED OF THIRD PARTY VESSEL	
WERE VESSELS ENGAGED IN FISHING?	

PLEASE ATTACH A SKETCH OR CHART EXTRACT SHOWING POSITION AND COURSE OF VESSELS.

DECLARATION

In completing and signing this document I am formally registering a claim for the above damage and agree to abide by the rules of the Company in all matters relating to this claim.

I hereby declare that the particulars and answers given in this statement are in every respect true and correct and that I have not withheld any information which may influence the decision of the Company in regard to this claim.

SIGNATURE **Dated**

(Owner or authorised Agent)