

CLAIM FORM – CREW ACCIDENT

Dear Policyholder,

We are sorry to hear that you have experienced an incident in which you may wish to make a claim under your Crew Accident Insurance Policy. With your assistance we will use our best endeavours to process your claim without undue delay.

Please find below the claim form which your insurers require to be completed. Please return this to us as soon as possible with a full description of the claim incident and any supporting evidence as to the cause of the accident. You should include any receipts or invoices for which you will be seeking reimbursement. Please note that you should not commit insurers to any expenditure without their prior approval.

We look forward to receiving your completed claim form and supporting documents as required.

Yours faithfully

Claims Department
Pantaenius UK Limited

Claim Form – Crew Accident

Policy Holder	
Name/Company Name:	
Address:	
Daytime Phone:	
Mobile Phone:	
Home Phone:	
E-mail Address:	
Customer Number:	
Vessel	
Type of Vessel:	
Vessel Name:	
Injured Person	
Name of Injured Person:	
Date of Birth of Injured Person:	
Nationality of Injured Person:	
Nature of Accident	
Date of Accident:	

Location of Accident:	
Description of circumstances leading up to the accident. Please use separate sheet if necessary:	
Details of where the injured person is being treated if hospitalised:	
Details of any formal investigation conducted by local authorities. Please specify who has conducted an investigation (Police/Heath and Safety/MAIB etc) and provide their contact details:	
Supporting Documents	
Please list any supporting documents:	

Signed _____

Date _____