

## **MARINE HULL CLAIM FORM**

This form is issued 'without prejudice' and without admission of any liabilities subject to the terms, conditions and warranties of relevant policy. Al Buhaira National Insurance Co (ABNIC) also reserves the right to ask for any additional information and/or documentation as and when required.

Please complete this form and return together with attachments to: <a href="mailto:marinedept@albuhaira.com">marinedept@albuhaira.com</a> / <a href="mailto:salim@albuhaira.com">salim@albuhaira.com</a> / <a href="mailto:

GENERAL INFORMATION:	
Insured Name	
Policy Number	Expiry Date/
LOSS DETAILS Date of Casualty/	Place of loss
Location of the ship at the time of the casualty	
The current location of the ship	
Contact details: Name	Mobile #
Brief description about the casualty (includes cause of	of loss or damage):
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Extensive by	THE STATE OF THE S
<ol> <li>Masters/Chief engineers/ detailed repor</li> <li>Copy of any relevant deck/engine log be</li> <li>Classification society reports relevant to</li> <li>Certificate of Class, Class maintained ce</li> <li>Certificate of registry.</li> <li>Copy of ISM &amp; Document of compliance</li> <li>Safety management system certificate (</li> <li>Minimum safe manning certificate. (MSI</li> <li>International ship security certificate (IS</li> <li>International ship safety equipment's ce</li> <li>International load line certificate.</li> <li>International tonnage certificate.</li> <li>Survey report.</li> </ol>	cooks.  The damage/repairs. (if applicable) ertificate and annual endorsement.  E. (DOC) (SMSC) MC) SSC) ertificate
I/We hereby declare that the above is true and decision on indemnity having observance these	
Date/	Signature / Company Stamp