

Office Use:

Date Mailed: _____/_____/_____	Claim # _____
F/V _____	
Vessel Owner: _____	
Policy Number _____	

REPORT
OF
INCIDENT/CLAIM FORM

(To be used for both Hull and/or P&I)

MLA Non-Profit Boat Protection Cooperative, Ltd.

PLEASE READ THIS FIRST

This Incident/Claim Form is used for Hull damage claims, Protection & Indemnity liability claims, and incidents that involve or implicate both types of claims. For example, if your vessel collides with another vessel, you may sustain physical damage to your vessel that triggers coverage under your Hull Policy – but crew persons onboard your vessel and/or the other vessel may suffer bodily injuries that prompts coverage under your P&I Policy. Therefore, it is imperative in the case of a Hull collision (or allision, a word often used to describe striking a fixed object such as a pier) that you give serious consideration about potential injury claims and take the time to describe those as well. If the information requested is not applicable, simply write “Not Applicable” or “N/A” in the space provided.

PART ONE – INFORMATION ABOUT YOU AND YOUR VESSEL

Vessel Name: _____ Official No.: _____

Vessel Owner Name: _____

Vessel Owner Address: _____

Vessel Owner Telephone No.: _____

Vessel Owner Email Address: _____

**PART TWO – INFORMATION ABOUT ANY OTHER VESSEL(S)
INVOLVED IN THE INCIDENT.**

Other Vessel Name: _____ Official No.: _____

Other Vessel Owner Name: _____

Other Vessel Owner Address: _____

Other Vessel Owner Telephone No.: _____

Other Vessel Owner Email Address: _____

PART THREE – INFORMATION ABOUT THE INCIDENT

Date of Incident: _____ Time of Incident (12 hr. clock): _____

Location of Incident (provide coordinates if known): _____

How many crew persons onboard or in service of vessel at time of incident: _____

With as much detail and specificity as you possible, please describe the nature of the incident you are reporting. For example, did your vessel collide with another vessel, was anybody on either boat injured, or was this an injury to a crew person that did not involve a collision? Additionally, please make sure to note whether the USCG or other government authorities were involved.

If more space needed, please add to "Notes" section at end or attach additional sheets of paper.

PART FOUR – INFORMATION ABOUT THE PEOPLE ONBOARD OR IN SERVICE OF YOUR VESSEL AT THE TIME OF THE INCIDENT

Information About Master/Captain (if different than owner)

Name of Master/ Captain: _____ SSN: _____

Address: _____

Telephone No.: _____ Email Address: _____

Information About Crew Onboard

Crew Person # 1:

Name): _____ SSN: _____

Address: _____

Telephone No.: _____ Email Address: _____

Duties and Title: _____

Crew Person # 2:

Name): _____ SSN: _____

Address: _____

Telephone No.: _____ Email Address: _____

Duties and Title: _____

If more than two crew persons onboard at time of incident, please list on separate paper.

PART FIVE – INFORMATION ABOUT OTHER PEOPLE (MEANING THOSE NOT LISTED IN PART THREE) WHO MAY HAVE WITNESSED OR BEEN INVOLVED IN THE INCIDENT

Person # 1:

Name): _____ SSN: _____

Address: _____

Telephone No.: _____ Email Address: _____

Person # 2:

Name): _____ SSN: _____

Address: _____

Telephone No.: _____ Email Address: _____

If more than two other witnesses or people involved in the incident, please list on separate paper.

PART SIX – OTHER RELEVANT INFORMATION ABOUT THE INCIDENT

If you believe that any person(s) or vessel(s) is to blame or is at fault for the incident, please list that information here and explain why you believe they bear fault.

If the incident involves the alleged bodily injury, sickness, or death of any person, please identify the person(s), describe the nature and extent of the injury, describe how the injury occurred, provide any information about medical treatment, including whether the person went to the hospital, and provide any information about whether the person(s) is represented by an attorney.

PART SEVEN – OTHER IMPORTANT INFORMATION ABOUT THE CLAIMS PROCESS.

- If the incident involves any physical evidence – for example, a tool or equipment that may have injured a crew person – please make sure you tell us where that physical evidence is located and who is in possession of it.
- If you filled out and submitted any government forms – for example, USCG 2692, Report of Marine Casualty – or provided any statements to government authorities, please make sure you attach copies to this Incident/Claim Form or provide us with copies as soon as possible.
- If you received any communication from an attorney or were served with a summons or other legal papers, please make sure you attach copies to this Incident/Claim Form or provide us with copies as soon as possible.
- Please make sure you preserve any documents – for example, voyage logs, settlement sheets, photographs, etc. – that may be relevant to the incident and provide us with the originals or copies as soon as possible.
- If you receive any medical bills or reports concerning any alleged injury involving your vessel, or requests for “Maintenance” or “Cure” from any crew person who claims to have been injured onboard or in service of your vessel, please make sure you attach copies to this Incident/Claim Form or provide us with copies as soon as possible.

Signed on _____ under the pains and penalties of perjury by
(date)

(print name) (signature)