



STATEMENT BY CLAIMANT : PERSONAL ACCIDENT INSURANCE

Vessel : _____ Cert No Weekly Benefits : £ _____ In excess of 7 days

Name : _____

Address : _____ Age : _____ MARRIED / SINGLE

Occupation : SKIPPER / MATE / ENGINEER / DECKHAND/ COOK /

How long have you been working on this vessel : _____

Date of Accident : _____ Time of Accident : _____

Nature of Injuries : _____

Place of Accident (If on board ship state part of vessel) : _____

Trip Commenced : _____ From Port of : _____

How did the accident happen : _____

Was anyone else involved : _____

Have you previously sustained injury to same part(s) : _____ If YES : State When and How : _____

Probable Duration of Incapacity : _____ Have you done any work since the accident : _____

If YES : Give Details : _____

Are you totally incapacitated from attending work : _____ Since When : _____

If back to work state date of return : _____

Any other information : _____

Signature of Claimant : _____ Date _____

I confirm that the above named was a Crew Member of M.V. _____ at the time of the accident.

Signature of Skipper/Owner : _____ Date _____

Claim Approved	
Date :	