

CLAIM NOTIFICATION - LOSS OF PROCEEDS (EARNINGS)

All information processed on basis of this claim form are necessary for collecting information and documentation for further processing of the claim	
1.	Insurant (vessel owner):
2.	Yacht-Pool insurance policy number:
3.	Registration number and name of vessel:
4.	Date and place of accident:
5.	Notification date of hull claim to YP:
6.	Damages on vessel were repaired in the time period: FROM _____ TO _____
7.	Amount of contracted and charged lease of the damaged vessel during reparation:
8.	Amount for contracted and paid lease of a substitute vessel:

The notification submitter is responsible for the accuracy and authenticity of information listed in this application !

In _____, on _____

Signature (and seal for legal persons) of submitter

Contact person and information:

Name and surname: _____

E-mail: _____

GSM: _____

To submit with the the application:

- 1 Chronology of events from the moment of occurrence to final repairs with specified significant dates
- 2 Contract of lease of the damaged vessel during repair
- 3 Evidence of payment of the contracted lease of the damaged vessel
- 4 Contract, invoice and evidence on payment of the substitute vessel
- 5 List of crew and passengers for substitute vessel

Documentation to be submitted via: stete@yacht-pool.hr