



KERALA STATE INSURANCE DEPARTMENT
MARINE HULL CLAIM FORM

Policy No: :

Sum Insured :

**Name of Insured
and Address** :

**Registration No.
and Place of
Registration :**

Name of vessel :

**Nature of Employment
of vessel at the time
casualty**

Details of Casualty

Date & Time :

Place :

Details of occurrence :

**Whether a protest
lodged and if so
with whom** :

Details of Crew of Vessel

i) **Name and address of Master/Tindel :**

ii) **Name and address of other crew o board the
vessel at the time of casualty :**

Details of damages to vessel :

**In case of collision with other vessel, give her name,
her owners name with address and also the names
and address of master/tindel and crew on board
and details of damage if any :**

**Details of personal injury to crew or third parties,
if any.**

**Whether casualty reported to Mercantile Marine
Department, if so, give details :**

**Whether any estimate obtained for repairs/salvage,
if so, give details :**

Date :

Place :

SIGNATURE OF THE INSURED.