

Flying 15 Association Insurance Scheme



Claim Form

Please answer all questions on this page as fully as possible and relevant sections on other pages and return to:

Flying 15 Claims
COBRA Corporate Solutions
3rd Floor Quadrant House
Croydon Road, Caterham
Surrey CR3 6TR

If you have any questions,
please contact the Flying 15 Claims Team
on **01883 333 500**

Insured:

1. Name	
2. Address including Postcode	
3. Telephone Number	
4. Email Address	
5. Is the insured person registered as a taxable person for VAT?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If the insured is registered for VAT, is full remission of input tax obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. If only partial remission of VAT is obtained, please state the annual adjusted percentage of tax.	

Craft & Equipment:

1. Type	
2. Name	
3. Year of Make	
4. Builder	
5. If the craft is subject to a hire purchase agreement, state the name of the finance company, address and agreement number.	
6. State fully the purpose for which the craft was being used.	

Damage to the insured crafts:

1. What damage was caused to the insured craft?	
2. Where mast is lost or damaged, state the age of the mast.	
3. Where sails are lost or damaged, state the following: a. Make b. Type c. H.P. d. Engine/Serial No e. Year of Manufacture f. Date of Purchase g. Purchase Price £ h. Repairers name, address and telephone number	
<i>In all cases where your craft is damaged and you are entitled to claim under the policy, please send an estimate for repairs with this claim form.</i>	
4. Is the craft at the repairer's premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. If not, where is the craft now lying?	
6. Where will it be taken for repair?	

Accident:

1. Date	
2. Time	
3. Place	
4. Speed at time – MPH/Knots	
5. Weather	
6. Visibility	
7. If dark, were navigation lights displayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Was your vessel? a. Laid up ashore b. Laid up afloat on permanently/temporary moorings "in commission"	

<p>c. Racing d. Not racing</p>	
<p>9. Who was in charge at the time? State the name, address and telephone number</p>	
<p>10. Please state fully what happened.</p>	
<p>11. Rough plan of accident - For a sailing accident please indicate wind direction, whether on a starboard or port tack, whether closed hauled or otherwise and any impediment to sea room.</p>	
<p>12. State names and addresses of all passengers</p>	
<p>13. State names and address of all Independent Witnesses</p>	
<p>14. Were particulars taken by a policeman? If "Yes," please give the Name of Force and the Officer's number.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Other craft involved – please continue on a separate sheet if necessary

1. Name and address of owner	
2. Name of Craft	
3. Insurers and Policy Number	
4. Apparent Damage	

Other property damage (apart from craft) – please continue on a separate sheet if necessary

1. Name and address of owner	
2. Nature of Damage	

Persons injured

1. Name and address of owner (state whether on board another craft or on board your craft) a. If on board your craft state in what capacity	
2. Please describe the apparent injuries	
3. Please confirm who was taken to hospital	

Any communications you receive about the accident should not be answered but sent to COBRA immediately

Declaration I declare that these particulars given are true to the best of my knowledge and belief.	
Signature	Date

Important – if your craft has been damaged, please remember to send an estimate for repairs with this claim form.