



Vessel Loss Reporting Form

Please complete the following form with as much information as possible. Someone will be in contact with you as soon as possible.

Type of Claim: Collision with Injury/Death Fire Sinking Other _____

General Information

Today's date: _____ Time: _____

Name of Person Completing this form: _____

Named Insured: Agent Broker Other _____

Contact Information: Telephone: _____ Email: _____

Insured/Policy/Vessel Information

Name of Assured: _____ Telephone: _____

Email address (if known): _____

Policy Number: _____

Policy Term: _____

Involved Vessel (Year/Make/Model): _____

Agent: _____ Contact: _____

Agent/Broker Email: _____

Loss Information

Date of Loss: _____ Time of Loss: _____

Location (nearest city/state): _____

Briefly state what happened: _____

Where is the vessel now? _____

Contact person at location: _____ Telephone: _____

Is the vessel currently: Afloat Hauled In need of Salvage/Tow

What is damaged? (If known) _____

Comments:

Please email your saved form to claims@maritimepg.com including your SI policy number and full name in the subject line. A claim representative will contact you as soon as possible.

If you need immediate assistance during business hours, please call 860-399-2869.