

# MARINE LOSS NOTICE

OCEANIC UNDERWRITERS

Date of Loss: \_\_\_\_\_ Time of Loss: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Policy Form (#) : \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel (Home): \_\_\_\_\_

Tel (Cell): \_\_\_\_\_ Tel (Bus): \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Insured Address: \_\_\_\_\_

\_\_\_\_\_

Vessel: \_\_\_\_\_ Operator: \_\_\_\_\_

Location of Loss: \_\_\_\_\_

Present Vessel Location: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

Detail of Loss & Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Broker Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Broker Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_