

## CYCLONE (PRE AND POST EVENT) SAFETY RECOMMENDATIONS AND PROCEDURES FOLLOWING DAMAGE FOR BOAT OWNERS:

### BEFORE THE CYCLONE HITS:

- Ensure that your boat is hauled safely ashore or taken to a sheltered area as per your policy conditions.
- Ensure that your current list of emergency phone numbers is updated.
- Prepare a list of service providers and their contact details that can assist you for a prompt recovery in case of loss or damage.

### DURING THE CYCLONE:

- Ascertain that your boat has been properly secured.
- Avoid putting yourself or others in danger by undertaking any risky initiative.

### AFTER THE CYCLONE:

#### **If you have suffered loss or damage:**

- Take the maximum photos showing the extent of loss or damage; but only if it is safe to access the boat.
- Advise us as soon as possible by calling us on **207 3444**.
- As far as possible and practicable, kindly take necessary measures to minimize the loss – e.g engines must be washed of all seawater, dismantled, cleaned, flushed and greased once they are removed from the sea.
- Safely secure any damaged engines or parts for inspection pending arrival of surveyor.
- As soon as practicable, a loss adjuster/surveyor will be sent to assess the extent and quantum of damage.



# SWAN

## HOW TO SUBMIT A CLAIM:

- The claim form to be filled can be downloaded from our website:

<https://www.swanforlife.com/en/useful-links/make-a-claim/claim-notification-non-motor-insurance>

- If possible provide the occurrence Book Number (National Coast Guard) and a copy of the statement given to the coast guards.
- Photos of the Sinking Boat and engines.
- Estimate of repairs for both the Hull and Engine.



POLICY NO. ....

CLAIM No. ....

## **NON-MOTOR CLAIM FORM**

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### **A. THE INSURED**

(1) Name .....

(2) Address .....

..... Tel. No. ....

..... Fax. No. ....

..... E-mail: .....

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### **B. THE OCCURRENCE**

(1) Date ..... Place .....

(2) Details of occurrence .....

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### **C. THE LOSS**

(1) Details of loss/damage .....

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(2) Estimate of loss/damage Rs .....

(3) Supporting documents attached to the claim form .....

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### **D. MISCELLANEOUS**

(1) Has the Police Authority and/or Fire Service been notified of this loss/damage? YES / NO

(2) Address of Police Station and/or Fire Brigade .....

(3) Is there any other insurance covering this property?

YES / NO

If yes, please give details .....  
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(4) Give details of all other parties having an interest in the property

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### **E. REINSTATEMENT OF SUM INSURED**

The sum insured under your policy will be reduced by the amount of indemnity which will be paid if your claim is entertained. If you intend to repair or replace the damage or lost property, please indicate below if the sum insured is to be reinstated to its initial amount, in which case a pro rata additional premium up to the expiry date will be charged.

Please reinstate the sum insured to its original amount and send me/us a debit note for the additional premium payable.

Signature .....

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### **F. SIGNATURE**

I/We hereby declare that the foregoing particulars are true and correct and that I/We have not concealed any information. I/We undertake to render every assistance in my/our power in dealing with the present matter.

Date: .....

.....  
**Insured's SIGNATURE**