

# OCEANIC UNDERWRITERS LTD

## MARINE LOSS REPORT

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

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

Contact Person: \_\_\_\_\_

Telephone # \_\_\_\_\_ (B / R)

Insured Name: \_\_\_\_\_ Telephone # \_\_\_\_\_ (B / R)

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

Policy # \_\_\_\_\_

Email: \_\_\_\_\_

Effective date: \_\_\_\_\_

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

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

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

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

Contact Person: \_\_\_\_\_

Details of Loss & Remarks: \_\_\_\_\_

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

Telephone # \_\_\_\_\_

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

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email: \_\_\_\_\_

Adjuster Appointed: \_\_\_\_\_

Adjuster Name: \_\_\_\_\_

Telephone # \_\_\_\_\_