

Sealogy GmbH Scharfe Lanke 109-131 D-13595 Berlin

Phone +49 (0)30 214082 20 www.sealogy.com

1. Name	Notification of Damage			
Policy Holder 1. Name				
Policy Holder 1. Name				
1. Name	All information and the complete to	sinis and conditions can be found at: www.scalogy.com		
2. Street, no	Policy Holder			
3. Zip, town	1. Name	8. First name		
11. Mobile 12. E-Mail 13. Profession 14. Claim no. Damage 15. Date and time of damage 16. Witnesses (name, address, phone) Please attach a full crew-list (name, address, phone, pass-no.) Further Information on the Damage 17. Kind of damage 18. What actions have you taken or will you take to fulfill your duty to minimize losses? 19. Estimated damage amount?	2. Street, no	9. Phone		
5. Nationality	3. Zip, town	10. Fax		
5. Date of birth	4. Country	11. Mobile		
Damage 15. Date and time of damage 16. Witnesses (name, address, phone) Further Information on the Damage 17. Kind of damage 18. What actions have you taken or will you take to fulfill your duty to minimize losses? 19. Estimated damage amount?	s. Nationality	12. E-Mail		
Damage 15. Date and time of damage	6. Date of birth	13. Profession		
In the state and time of damage	7. Policy no.	14. Claim no.		
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17. Kind of damage	r lease attach a full crew-list (flame, address, phone, pa	55-110.)		
18. What actions have you taken or will you take to fulfill your duty to minimize losses? 19. Estimated damage amount?				
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wn Claims		
Will you file claims?	☐ No	Yes, against whom?
Do you have a legal expenses insuran	ce? No	Yes, where
Have you hired a lawyer?	□ No	Yes (name, adress, phone)
Involved parties		
Do you think a third party is responsible	e for the damage? (description	n, name, address, phone)
Persons Have Been Injured or Kille	ed	
Information on affected Party (s)		
Answer the questions only insofar as i	t is possible without an inte 26. Person 1	errogation of the injured or a relative. 27. Person 2
28. Name	26. F CISOII I	27. F 615011 2
29. Date of birth		
30. Profession		
31. Street, no.		
32. Zip code, city, country		
33. Marital status		
34. Phone		
35. Fax		
36. E-mail		
		I
37. Description of the injuries		
,		
nformation on the Affected Party (O		
Last name, first name, address		
Phone, Fax, E-mail		
		Yes, relationship?
Do you and the affected party live in the		□ No □ Yes
		the day of the damage? (like employment contract, rental lease,
☐ No ☐ Yes, what kind?		
Have claims been filed?		

Please transfer the amount of adjustment to following account				
45. Account holder's name and full pos	stal address			
46. Bank name and full postal address				
		B. BIC		
Location	Date	Signature		
We confirm hereby that we have not received and w	ill not receive any payments from other insur	ers for this same loss event and that this insurance policy is the sole one for this vesse		
Location	Date	Signature		
We are legally obligated to inform you that false, untrue or incomplete details lead to the loss of insurance coverage, even if the insurer did not suffer from any disadvantage due to the flawed information.				
Location	Date	Signature		

Caution for legal consequences of information and clarification duties after the claim:

Due to the contractual agreements we can demand you, after the contingency, to give us all necessary infor- mation to ascertain the claim or to check our obligation to perform the contract (information duty), and we can demand you to give us all clarifications which are necessary to clarify the facts so that we can properly check our obligation to perform the contract (clarification duty). In this regard we can also demand you that you give us all respective proofs.

Should you, against the contractual agreement, refuse to give us any information or should you give us false in- formation and should you also willfully refuse to provide us with the demanded information or proofs or should you give us these delayed this can lead to the total loss of the insurance performance. Should you contravene these obligations with gross negligence this can lead – according to the severity of the negligence – to a cut (even up to 0) of the insurance performance. You can prevent such a cut if you proof that the obligation was not contravene with gross negligence.

Despite the violation of your obligation to give us information, clarifications or proofs, however, we remain bounded to our insurance performance as far as you can proof that the willful or grossly negligent violation of the obligation was causal neither for the ascertainment of the claim nor for the ascertainment of the scale of our obligation to perform the contract. This, however, is not valid if the violation of the obligation was fraudulently induced by you.