

Reporting form concerning insurance coverage for maritime claims

Ship	
Name IMO number Call sign Port of registry	
Shipowner	
Name Principal place of business	
Insurance provider	
Name Principal place of business	
Insurance	
Type Place of business where the insurance is established Duration Insurance deductibles	

Signature : _____

Date : _____

Contact person : _____

E-mail of contact person : _____

To be forwarded to : Danish Maritime Authority via soeretligekrav@dma.dk