

REPORT OF DAMAGE TO THE VEHICLE

(declaration made unilaterally by the insured of the NOBIS insurance policy no. 203135334)

SHIP:

EVENT DATE ⁽¹⁾ / /

TICKET NUMBER: GL.....

SAILING FROM/TO:

EVENT OCCURED

EMBARKING

DISEMBARKING

DURING NAVIGATION

VEHICLE TYPE: LICENSE PLATE:
SURNAME AND FIRST NAME OF THE COMPLAINANT.....
RESIDENT IN STREET NO.

DETAILED DESCRIPTION OF THE DAMAGE (please report any pre-existing damage)

CAUSE OF DAMAGE

ANY OTHER COMMENTS (please specify by whom)

⁽¹⁾ Indicate the departure date for the events during navigation

The declarant is aware that anyone who makes false statements, issues false documents, or draws up false ones and uses them is punishable according to the criminal laws in force

SIGNATURE FOR RECEIPT

.....
The declarant

.....
Ship Master or other Ship Officer

Date

PLEASE NOTE. This complaint is received by the Ship Command at the express request of insured passenger. The signing and/or stamp of this complaint by the Master of the vessel, the Purser and/or the Officer on board does not imply recognition by Grimaldi Euromed S.p.A. of the facts and damages complained of, nor an admission of liability in relation to the facts and damage reported.