



Survey

Surveying entity name/surveyor name:

Vessel name:

Owner Name:

Place of the survey:

Date of survey:

DD/MM/YYYY



Vessel particulars

Make:

Type:

Power boat

Sailing boat

Model boat:

Registration number:

Date of expiry:

Year built:

Port of registry:

Flag:

Hull number:

Length overall:

Breadth:

Draft:

Weight:

Maximum passengers capacity:

Maximum crew capacity:



Engine 1/Engine 2

Number of engines:

1

2

Year of Make:

1

2

Make:

1

2

Maximum Speed (in knots):

Total horsepower:

Serial number:

1

2

Engine Type:

Inboard

Outboard

Type of fuel:

Running Hours:

1

2



Propellers & thrusters

Propellers pitch:

Fixed

Variable

Bow thruster

Sternthrusters



Capacities

Fuel capacity:

Water capacity:



Hull

General conditions:

Materials:

Anti-fouling:

Anodes:

Keel:



Mast

General conditions:	Materials:
Rigging:	Sails:



Interior

General conditions:	Materials:
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Electrical installation

General conditions:	Batteries:
Distribution panel:	Shore connection panel: <input type="checkbox"/> Yes <input type="checkbox"/> No



Navigation equipment

General conditions:	Yacht controller <input type="checkbox"/> Yes <input type="checkbox"/> No
Radar: <input type="checkbox"/> Yes <input type="checkbox"/> No	Radar brand:
Navigation lights:	Depth sounder: <input type="checkbox"/> Yes <input type="checkbox"/> No
VHF:	Speed Indicator: <input type="checkbox"/> Yes <input type="checkbox"/> No



Fire-fighting equipment

Extinguishers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fixe fire-fighting installation <input type="checkbox"/> Yes <input type="checkbox"/> No
Last extinguishers inspection:	Last fixe fire-fighting installation inspection:
Automatic system: <input type="checkbox"/> Yes <input type="checkbox"/> No	Smoke detectors: <input type="checkbox"/> Yes <input type="checkbox"/> No



Life saving equipment

Life saving appliances: <input type="checkbox"/> Yes <input type="checkbox"/> No	Life jackets: <input type="checkbox"/> Yes <input type="checkbox"/> No
Life rafts: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last life saving appliance inspection:



Bilge system

General conditions:	Bilge pumps: <input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic system: <input type="checkbox"/> Yes <input type="checkbox"/> No	Bilge pipes and hull connection conditions:



Maintenance history

Dedicated maintenance shipyard: <input type="checkbox"/> Yes <input type="checkbox"/> No	Last overall maintenance:
Last maintenance:	Last dry-dockin:



Declaration

"I hereby declare to the best of my knowledge and belief that the above statements and particulars are true and correct. I have not withheld any information material to this survey form whether the subject has been raised within this form or not."

Signature:

Date:

DD/MM/YYYY

Gulf Insurance Group (Gulf) B.S.C. (c)

Floor 39, Churchill Executive Tower, Business Bay

P.O. Box 5862, Dubai - United Arab Emirates

Telephone: +971 4 4476111

Email: info@gig-gulf.com, Website: www.giggulf.ae

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