

# SMALL CRAFT / PLEASURE CRAFT / HULL CLAIM FORM



*The Issue Of This Form By The Company Is Not An Admission Of Liability*

Branch Name		Branch Number	
Broker Name		Agent Number	
Broker Contact		Broker Ref No	
Policy Number		Claim Number	
Expiry date of current insurance term			

## **The Insured**

Full Names and Surname /			
ID Number or Company Registration		Occupation or Business Sector	
Physical Address			
		Postal Code	
Office Phone No		Home Phone No	
Cellular No		Email Address	

## **Person in charge at time of accident / loss**

Full Names And Surname			
ID Number		Occupation	
Address			
Office Phone No		Home Phone No	

Give full details of convictions or offences in handling a craft, if any


Was he/she in the employment of the insured at the time of the accident?	YES	NO
If so, for how long		
Has any insurer ever refused him/her insurance or imposed special conditions?		
Was he/she sober?		
Does he/she suffer from any physical disabilities?		

### **Lost or damaged vessel / articles / items or equipment**

Name of craft /vessel lost / damaged		Type / Class				
Number of Crew		Number of Passengers				
Hull Serial and/or Identification No						
Motor/S Serial and/or Identification No						
Manufacture Year	Designed Speed	Horse Power	Paintwork (eg Glitter)	Replacement Value	Market Value	Sum Insured
				R	R	R
				R	R	R
				R	R	R

### **Description of articles / equipment lost or damaged**

Description of Specified Articles / Equipment	Details of Original Purchase			Replacement Value	Market Value	Sum Insured
	Date when	Dealer	Where			
				R	R	R
				R	R	R
				R	R	R
				R	R	R

### **Trailer or launching trolley description of articles / equipment lost or damaged**

Manufacture Year	Description of Trailer/ Trolley	Registration Number	Replacement Value	Market Value	Sum Insured
			R	R	R
			R	R	R
			R	R	R

### Details of the accident/occurrence

Date		Time	
Estimate speed at time of accident			
Visibility		Weather: Wet/Fine	
If accident took place at night, were lights exhibited by the insured's vessel		And the other vessel	
What signals, audible or otherwise were give?			
Who in your opinion was to blame?			

Was any statement as to fault made by the person in charge of the vessel or by any other person?

State the exact purpose for which the vessel was being used at the time of the accident

Was the accident reported to the police?		By Whom	
Which police station?		Case No	

If the vessel remains sunk or stranded, give position as accurately as possible

Can the vessel be recovered?	YES	NO
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In case of theft, state how, when and by whom loss was discovered

What precautions were taken to safeguard the vessel /property

Was the theft reported to the police?		Date	
Which police station?		Case No	

Full description of circumstances surrounding the loss, damage, accident or theft:-

**Other party(ies) involved in the accident**

Names and addresses		Description of their property	
Are they insured?	YES      NO	If so, by whom?	

**Witnesses / passengers (Names, Addresses and Phone Numbers)**

Passengers in the insured vessel	Independent witnesses

**Salvage services**

If any salvage services have been rendered, please give full details of the circumstances including the names and addresses of the persons concerned

**Give details of damage**

Damage to vessel/ property / equipment and/or trailer/trolley lost / damaged

Description of damage			
Estimate cost of repairs / replacement		R	
Have instructions for repairs been given?	YES	NO	
If so, by whom?			
Address where vessel / property may be seen			

**Medical expenses**

Was medical attendance necessary on insured or family	YES	NO
State amount of medical expense & service provider	R	

*Injuries and/or damage to property of third parties/passengers &/ water skiers*

Name & address	Description of injuries/ damages	Claims received?	Amount claim
			R
			R
			R

*If a claim has been or is later made against the insured or any communication is received relating to a claim or intended prosecution, inquest or infamy it must be immediately sent to the company with full particulars. Do not admit liability or make any offer or promise of payment*

**General**

Give full details of previous losses, if any			
Other insurance covering the same property/event			
Hire purchase amount owing	R	To Whom	

**Declaration**

I declare that to the best of my knowledge and belief the foregoing are true, correct and a complete disclosure of circumstances relating to the claim and i undertake to render to the company every assistance in my power in dealing with the claim. I also declare that there is no other insurance under which a claim can be made and that i am the sole owner of the insured vessel and/or other specified property.

Signature Of Insured / Authorised Person			
Date		Designation / Title	

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*SKETCH OF ACCIDENT*

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