



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			

1. THE INSURED

FULL NAMES AND SURNAME

ID NUMBER OCCUPATION

ADDRESS

POSTAL CODE

OFFICE PHONE NO HOME PHONE NO

CELLULAR NO E-MAIL ADDRESS

2. 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 connection with handling a craft, if any

Was he/she in the employment of the Insured at the time of the accident? 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?

3. LOST OR DAMAGED VESSEL / ARTICLES / ITEMS or EQUIPMENT

(a) 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

(b) 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			

(c) 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

4. DETAILS OF THE ACCIDENT/OCCURRENCE

DATE

TIME

Where

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?

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 TIME

Which police station? Case no

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

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5. OTHER PARTY(IES) INVOLVED IN THE ACCIDENT

NAMES AND ADDRESSES	DESCRIPTION OF THEIR PROPERTY
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<input type="text"/>	<input type="text"/>

Are they insured? If so, by whom?

6. WITNESSES / PASSENGERS – names, addresses and phone numbers

PASSENGERS IN THE INSURED VESSEL	INDEPENDENT WITNESSES

7. 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

8. GIVE DETAILS OF DAMAGE

(a) DAMAGE TO VESSEL/ PROPERTY / EQUIPMENT AND/OR TRAILER/TROLLEY LOST / DAMAGED

Description Of Damage			
Estimate cost of repairs / replacement		Have instructions for repairs been given?	
If so, by whom?			
Address where vessel / property may be seen			
(b) MEDICAL EXPENSES. Was medical attendance necessary on Insured or family			
State amount of medical expense & service provider	R		

(c) INJURIES and/or DAMAGE TO PROPERTY OF THIRD PARTIES/PASSENGERS &/ WATER SKIERS

NAME & ADDRESS	DESCRIPTION OF INJURIES/DAMAGES	CLAIMS RECEIVED?	AMOUNT CLAIM

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 INFURY IT MUST BE IMMEDIATELY SENT TO THE COMPANY WITH FULL PARTICULARS. DO NOT ADMIT LIABILITY OR MAKE ANY OFFER OR PROMISE OF PAYMENT

9. GENERAL. Give full details of previous losses, if any

Other Insurance covering the same property/event

Hire Purchase Amount Owing

To whom

DECLARATION:- I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE FOREGOING PARTICULARS 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.

DATE _____ SIGNATURE _____ OF _____ INSURED _____

SKETCH OF ACCIDENT

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