

# PLEASURE-CRAFT CLAIM

Please write in BLOCK LETTERS and choose correct answer boxes.  
Please remember to sign the Declaration at the end of the form.

Policy number \_\_\_\_\_

## 1. GENERAL DETAILS

Full name of Claimant \_\_\_\_\_

State: Mr, Mrs, Miss \_\_\_\_\_ ID number \_\_\_\_\_

Surname \_\_\_\_\_

Forenames \_\_\_\_\_

Contact numbers Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Occupation in full \_\_\_\_\_

Full postal address \_\_\_\_\_

Postal code \_\_\_\_\_

Date of loss \_\_\_\_\_

Was vessel taking part in an official race or speed test YES  NO

Who was in charge of the vessel at the time of casualty/the

Full description of how, when and where the casualty/theft occurred

Details of damage (an estimate of probable cost or repairs should be given)

Where can the vessel be inspected \_\_\_\_\_

Was any person injured or any property damaged – give details. YES  NO

Have any claims been made on you – if so, state amount. YES  NO

R \_\_\_\_\_

Witness: Name and address (it is important that these should be obtained)

If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances.

Have the police been notified YES  NO

Date \_\_\_\_\_ Police station \_\_\_\_\_ Reference number \_\_\_\_\_

## 2. DETAILS OF THE CRAFT

Type of craft Racing dinghy  Sailboard  Speed boat  Catamaran

Other small craft \_\_\_\_\_

Length \_\_\_\_\_ Feet \_\_\_\_\_

Inches \_\_\_\_\_ Breadth \_\_\_\_\_

Depth \_\_\_\_\_ Gross tonnage \_\_\_\_\_

If racing dinghy, please state class \_\_\_\_\_ and sail number \_\_\_\_\_

## 3. DETAILS OF MOTOR

Does the craft have an inboard motor YES  NO

If YES, please state horsepower \_\_\_\_\_

Does the craft have an outboard motor YES  NO

If YES, please give details below:

Make/Model	Serial number	Year of manufacture
1) _____	_____	_____
2) _____	_____	_____

## 4. VALUE OF ITEMS INSURED

Present value of craft (excluding items below)				R	
Present market value of each outboard motor	R	R	Total	R	0.00
Present value of trailer				R	
Present value of life jackets and buoyancy aids				R	
<b>TOTAL value to be insured</b>				R	<b>0.00</b>

## 5. LOCATION OF THE CRAFT

Is the craft kept ashore at all times when unattended YES  NO

If YES, please give details of where and how stored \_\_\_\_\_

If NO, please give full details of where and how moored \_\_\_\_\_

## 6. NAVIGATION LIMITS

1. Inland waters, harbours and bays of the Republic of South Africa YES  NO

2. Inland waters, harbours and bays of the Republic of South Africa including whilst the vessel is negotiating or attempting to negotiate river mouths YES  NO

3. Inland and coastal waters of the Republic of South Africa up to:

a) 1 nautical mile offshore YES  NO

b) 12 nautical miles offshore YES  NO

c) 50 nautical miles offshore YES  NO

d) 100 nautical miles offshore YES  NO

4. Other (please state) \_\_\_\_\_

**7. CLAIMS EXPERIENCE**

Have any accidents or losses occurred in the past three years in connection with any craft owned or sailed by you YES  NO

If YES, please give date and amount of each accident or loss:

Date	Amount	Details
_____	R _____	_____
_____	R _____	_____
_____	R _____	_____

**8. FINANCE INTEREST**

Does any finance company have an interest in the craft to be insured YES  NO

If YES, please give:

Name	_____
Address	_____
Agreement number	_____

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Declaration:** I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the Insurers in regard to this claim.

**Note:** If a claim has been received from a third party the same should be merely acknowledged, stating the matter is receiving attention. Do not disclose the fact that insurance exists and do not admit liability or make any offer or promise of payment.

**N.B.** All communications from third parties should be forwarded immediately to the Company for attention

