

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/theft

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
Present value of trailer				R
Present value of life jackets and buoyancy aids				R
TOTAL value to be insured				R

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