



For queries do not
hesitate to call
John Stapleton on
071 606 0823

PLEASURE CRAFT CLAIM FORM

The issue of this form by the company is not an admission of liability

BROKER NAME _____ BROKER REF NO _____

POLICY NUMBER _____

1. THE INSURED

FULL NAMES AND SURNAME _____

ID NUMBER _____ OCCUPATION _____

ADDRESS _____

_____ POSTAL CODE _____

TEL NO (W) _____ TEL (H) _____

CELLULAR NO _____ E-MAIL _____

2. PERSON IN CHARGE AT TIME OF ACCIDENT / LOSS

FULL NAMES AND SURNAME _____

ID NUMBER _____ OCCUPATION _____

ADDRESS _____

_____ POSTAL CODE _____

TEL NO (W) _____ TEL (H) _____

CELLULAR NO _____ E-MAIL _____

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

Was he/she in the employ 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 _____

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Year of Manf	Max Speed	Horse power	Paintwork (eg glitter)	Replacement value	Market value	Sum insured

(b) DESCRIPTION OF ARTICLES / EQUIPMENT LOST or DAMAGED

Descr of specified equip/articles	Date of purchase	From which Dealer	Where purchased	Replacement value	Market value	Sum Insured

(c) TRAILER OR LAUNCHING TROLLEY DESCRIPTION OF ARTICLES / EQUIPMENT LOST or DAMAGED

Year of Manf	Descr of trailer/trolley	Reg no	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 _____

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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: _____

5. OTHER PARTY(IES) INVOLVED IN THE ACCIDENT

Names and addresses	Description of their property

Are they insured? _____ If so, by whom? _____

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

Passengers in the vessel	Independent witnesses

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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 R_____ 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	Descr of injuries /damages	Claims received?	Amount of 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 _____

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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 _____