

MARINE – PLEASURE CRAFT CLAIM

Please write in BLOCK LETTERS and choose correct answer boxes.						
Policy number						
1. GENERAL DETAILS						
Full name of Claimant						
State: Mr, Mrs, Miss	ID number					
Surname						
Forenames						
Contact numbers	Telephone Ce	II				
Email address						
Occupation in full						
Full postal address						
		Postal code				
Date of loss						
Was the vessel taking pa	art in an official race or speed test		YES	NO		
Who was in charge of th	ne 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. If YES, please provide details				NO		
Have any claims been m	nade on you – if so, state amount		YES	NO		
			R			
Witness: Name and add	ress (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 no	otified		YES	NO		
Date	Police station	Reference number				



2. DETAILS OF THE CRA	FT					
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 numbe	er		
3. DETAILS OF MOTOR						
Does the craft have an i	nboard motor				YES	NO
If YES, please state hors	epower					
Does the craft have an o	outboard motor				YES	NO
If YES, please give detail	ls below:					
Make/Model			Serial number		Year of	manufacture
1)						
2)						
4. VALUE OF ITEMS INS	SURED					
Present value of craft (e	xcluding items below	v)			R	
Present market value of			R	Total	R	
Present value of trailer				R		
Present value of life jackets and buoyancy aids						
Present value of electronic and specified equipment					R	
TOTAL value to be insured					R	
5. LOCATION OF THE CI	RAFT					
Is the craft kept ashore at all times when unattended						NO
Is the craft kept ashore at all times when unattended YES NO If YES, please give details of where and how it is stored						
If NO, please give full de	etails of where and h	ow it is moored				
6. NAVIGATION LIMITS						
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: Output Descripting to regarded waters are the second and the second are the second and the second are the second ar						
a) 1 (one) nautical mile offshore					YES	NO
b) 12 nautical m	iles offshore				YES	NO
c) 50 nautical m	iles offshore				YES	NO
d) 100 nautical n	niles offshore				YES	NO
4. Other (please state	e)					



7. CLAIMS EXPERIE	ENCE					
Have any accidents or losses occurred in the past 3 (three) years in connection with any craft owned or sailed by you If YES, please give date and amount of each accident or loss:				NO		
Date	Amount	Details				
	R					
	R					
	R					
8. FINANCE INTERI	EST					
Does any finance company have an interest in the craft to be insured YES NO If YES, please give: Name Address Agreement number 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. 9. DECLARATION I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that your Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled. 10. PROTECTION OF PERSONAL INFORMATION We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.						
Signed		Date				