

CLAIM FORM: SMALL CRAFT | PLEASURE CRAFT | HULL

THE ISSUE OF THIS FORM BY THE COMPANY IS NOT AN ADMISSION OF LIABILITY

QUESTIONS		ANSWERS																															
Insured	Policy Number																																
	Name of Insured																																
	Identity Number																																
	Occupation																																
	Address																																
	Tel. No.	Home: Work: Cell: 																															
	Email address																																
Person in Charge	Name and Surname of Person in Charge at the time of accident / loss																																
	Identity Number																																
	Occupation																																
	Address																																
	Tel. No.	Home: Work: Cell: 																															
	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 / loss?	YES NO If YES, for how long? <input style="width:100px;" type="text"/>																															
	Has any Insurer ever refused him / her insurance or imposed special conditions?	YES NO																															
	Was he / she sober at the time of the accident / loss?	YES NO																															
	Does he / she suffer from any physical disabilities?	YES NO																															
Lost or Damaged	<input style="width:100%;" type="text"/> Lost or damaged Vessel Articles Items or Equipment																																
	A Name of Craft / Vessel Lost / Damaged	<input style="width:100%;" type="text"/>																															
	Type / Class	<input style="width:50%;" type="text"/> Number of crew <input style="width:50%;" type="text"/>																															
	Hull serial and / or identification No.	<input style="width:50%;" type="text"/> No. of passengers <input style="width:50%;" type="text"/>																															
	Motor/s serial and / or identification No.	<input style="width:100%;" type="text"/>																															
	<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Manufacture Year</th><th>Designed speed</th><th>Horsepower</th><th>Paintwork (eg glitter)</th><th>Replacement Value</th><th>Market Value</th><th>Sum Insured</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Manufacture Year	Designed speed	Horsepower	Paintwork (eg glitter)	Replacement Value	Market Value	Sum Insured																									
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	B Description of Articles / Equipment Lost or damaged																																
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QUESTIONS

ANSWERS

Details of damage

A Describe damage to vessel / property / equipment and / or trailer / trolley lost / damaged

Estimated cost of repairs / replacement

Have instructions for repairs been given?

YES

NO

If YES, By whom?

Address where vessel / property may be seen

Details of damage / Injuries

B Medical expenses

Was medical attendance necessary on Insured or family?

YES

NO

State amount of medical expense & service provider

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 enquiry, it must be immediately sent to the company with full particulars. Do not admit liability or make any offer or promise of payment.

Give full details of previous losses, if any

Do you have any other insurance covering the same property / event?

YES

NO

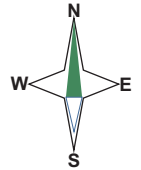
If YES, name insurer

Hire Purchase amount owing

to whom

General

Please provide a detailed sketch of the accident / incident



Sketch of accident

Authority of payment
INSURED'S BANKING DETAILS

It is recommended that if any amount is payable directly to you, it be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please complete and provide the following information

Name of Bank

Account No.

Account Type

Branch & Code No.

Name of account Holder

Declaration

Insured Signature

I / We hereby declare that the above and foregoing particulars to be true in every aspect

Capacity: _____

Date: _____