

Watercraft

Claim form

BROKER INFORMATION

Broker	Contact no.
Contact person	Email

POLICYHOLDER DETAILS

Name and surname	
ID no.	Policy number
Residential address	
Contact no.	Email

WATERCRAFT DETAILS

Name of watercraft	
Make and model	
Material of hull	
Year	Listing/registration no.
Make and model of motor/s	
Inboard or outboard/single or twin	
Horsepower and serial number	
Are you the sole owner of the property that is the subject of the claim? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Storage address of watercraft when not in use	
Age of watercraft	
Is the watercraft subject to hire purchase or similar agreement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide name of finance company	
Description and value of accessories	
Trailer make and model	

EVENT DETAILS

Particulars of person in charge of watercraft at the time of the loss/damage:

Full name	
ID no.	Age of skipper
Occupation	
Residential address	
Contact no.	
Valid skippers licence no.	Expiry date
Category	
Where can the damaged watercraft be inspected?	
What was the watercraft being used for at the time of the incident?	
Where did the incident occur?	
Was the watercraft taking part in an official race, speed test or organised event?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details	
Was the watercraft used with the policyholder's permission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please provide details	
Are you the sole owner of the property that is the subject of the claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, please give details of other interested parties	
Is the property that is the subject of the claim insured elsewhere?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details of insurer and policy number	

DETAILS OF ACCIDENT

Date of accident	Time of accident
Place of accident	Speed on impact (in knots)
Weather conditions	Visibility
Where exactly was the watercraft at the time of the accident?	
If accident took place at night, were watercraft lights on?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the watercraft remains sunk or stranded, please give position as accurately as possible	
Can watercraft be recovered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were any warning signals, audible or otherwise, given by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details	
Police case reference no.	
Police station	Date reported
Was the skipper tested for alcohol or drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, result of test	

DESCRIPTION OF ACCIDENT**SKETCH OF ACCIDENT**

Please supply a scanned sketch of the accident along with the completed claim form.

NB: Please indicate the following clearly

1. Your watercraft
2. Other watercraft/objects
3. Point of impact
4. Direction of travel (using arrows)

DAMAGE TO OTHER WATERCRAFT

Name of skipper	
Address of skipper	
Name of owner	
Address of owner	
Contact no.	ID no.
Make and model of watercraft	
Registration no.	
If the watercraft is company owned, please advise of any signwriting	
Other parties insurance details	
Damage to their watercraft	

OTHER PROPERTY DAMAGE

Name and address of owner and/or skipper
Details of damage

PASSENGER DETAILS

Please provide details of the passenger(s) in the insured watercraft.

Name and surname	
Address	
Contact no.	
Were any passengers injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
For what purpose were passengers being carried?	
Are they employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PERSONAL INJURIES

Please provide details of personal injuries (other than in insured watercraft).

INSURED PERSON 1

Name
Contact no.
Injuries
Hospital

INSURED PERSON 2

Name
Contact no.
Injuries
Hospital

WITNESSES

Please provide details of witnesses.

WITNESS 1

Name of witness
Contact details
Where was this witness at the time of the incident?

WITNESS 2

Name of witness
Contact details
Where was this witness at the time of the incident?

LICENCE SUBMISSION

I have attached a copy of my skipper's licence and warrant that i have not been involved in previous boating incidents.

Signature of insured	Date
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WARRANTY

I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the particulars and statements given below are true and complete and contain all information known to me affecting the details of the claim.

I agree and understand that providing incorrect information, inflating my claim or claiming for items that I did not own prior to the loss, is fraudulent, and will prejudice my claim.

Signature of skipper	Date
Signature of policyholder	Date

BANK DETAILS

Bank	Account holder
Branch code	Account no.
Signature of account holder	Date