

WATER CRAFT CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

IMPORTANT: BEFORE REPAIRS ARE PUT IN HAND, IT IS NECESSARY TO OBTAIN THE COMPANY'S APPROVAL

Insured Name

Policy Number

Insured Address

Contact Number

Agent Name & No

Agent Reference

DESCRIPTION OF VESSEL AND DETAIL OF LOSS OR DAMAGE

Name of Vessel

Type / Class of Vessel

Who was in charge of the vessel at the time of the casualty?

Date of Casualty

Place of Casualty

Was Vessel Taking Part In an Official Race Or Speed Test?

YES

NO

Purpose For Which The Vessel Was Being Used At The Time Of Casualty?

Describe How The Casualty Occurred

Details Of Damage to Vessel (A written estimate of probable cost of repair should be given)

Where Can Vessel Be Examined?

If Any Outboard Engine Was Lost Or Damaged In The Casualty, state :

Name Of Manufacturer

Serial No. Of Engine

Date Of Manufacture

Was Any Person Injured Or Any Property Damage

YES

NO

If YES, give details

Have Any Claims Been Made On You?

YES

NO

If YES, give details and amount

Witnesses: Names And Addresses

(It is important that these are obtained.)

Do you hold more than one policy indemnifying you in respect of this accident?

YES

NO

Was any salvage services rendered?

YES

NO

If YES, state full details thereof, including names of those who rendered the service and under what circumstances

Is there any hire purchase interest?

YES

NO

If YES, with whom and how much?

In the case of theft please state:

To which police station was the theft reported?

Police Docket No.

Who do you consider responsible for the accident and why?

- Note:**
1. If a claim has been received from a third party the same should be merely acknowledged, station the matter is receiving attention. Do not disclose the fact that insurance exist an do not admit liability or make any offer or promise of payment.
 2. All communications from third parties should be forwarded immediately to the company for attention.

DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

Signature of Insured

Capacity

Date

This form should be completed fully without delay and forwarded to the Company at one of the above addresses or your broker / agent. The company does not admit liability by the issue of this form.