

MARINE CLAIM FORM
(Delete sections not applicable)

IMPORTANT: Before repairs are put in hand it is necessary to obtain the Company's approval

Policy Number	
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Insured

Full name of owner		
Home address		
Telephone number (Day)		
Name of vessel		
Type		
Who was in charge of the vessel at the time of incident?		
Date, time and place of incident		
When was this loss discovered?		
Was the vessel taking part in an official race or speed test?		
Purpose for which vessel was being used at the time of incident?		
Theft claims: Provide details of police station, case number and date reported		
Description (full details) of how the incident occurred		

Sketch Plans

SAMSA report completed?	Yes		No		
Details of Third Party	Contact number				
	Address				

Witness	
Names and address (it is important that these should be obtained)	

Damage to your vessel	
Details of damage (an estimate of probable cost of damage should be given)	
Where can the vessel be inspected?	
Was any person injured or any property damaged? If so, give details	
Have any claims been made on you? If so, state amount	
Note: If a claim has been received from a third party, the same should be merely acknowledged, stating that the matter is receiving attention. 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	

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

Hire purchase interest	
Is there any hire purchase interest? If so, with whom and how much?	
Account Number	

Payment method			
You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.			
Name of bank		Branch	
Name of Account		Account No	

Declaration		
I/We hereby declare that the above answers and particulars are true and complete in every respect.		
Insured signature	Capacity	Date
Last Skipper	Capacity	Date

