



Cross Country Insurance Consultants (Pty) Ltd Underwritten by Renasa Insurance Company Limited Cross Country is an Authorised Financial Services Provider 39547 Registration Number: 2008/013847/07 | VAT Number: 4020252203

Tel No: 011 215 8800 | Fax No: 011 476 8205 | website: www.ccic.co.za

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								
Insured								
Full name of owner								
Home address								
Telephone number (D	ay)							
Name of vessel								
Туре								
Who was in charge of	the vessel at the	time of incident?						
Date, time and place of incident								
When was this loss disc	covered?							
Was the vessel taking	part in an official	race or speed test?						
Purpose for which ves	sel was being use	ed at the time of						
incident?								
Theft claims: Provide o	details of police st	ation, case number						
and date reported								
Description (full details	s) of how the incid	dent occurred						

3Kei	ich rians

SAMSA report completed?	Yes	No							
Details of Third Party	Contact numb	oer							
	Address								
		Wi	iness						
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 o	on you? If so, sto	ate amount							
			same should be merely acknow e any offer or promise of payme						
			warded IMMEDIATELY to the Co						
	•		rance						
Do you hold more than one po	olicy	IIISU	runce						
indemnifying you in respect of									
accident?	11113								
accidenty									
	10.15	Hire purch	nase interest						
Is there any hire purchase inter	rest? It so, with								
whom and how much?									
Account Number									
		Paymer	nt method						
You may select, for added sec	curity, payment		unt due to you directly into a bo	ınk account. Please specify					
the name of the bank, branch	, name of acco	ount and acc	count 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					
2.70 1.444			. ,						
Last Skipper			Capacity	Date					

N.B. - Claims in respect of damage to buildings must be accompanied by a builder's estimate. Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Amount Claimed Deduction for wear and tear or depreciation or value of salvage Please refer to the Consent Clause on the policy schedule for more details in this regard. Value Statement of Property Lost, Stolen or Damaged From whom purchased or acquired Date acquired Description of property Number