

## PLEASURE-CRAFT CLAIM

Please write in BLOCK LETTERS and choose correct answer boxes.

Policy number \_\_\_\_\_

### 1. GENERAL DETAILS

Full name of Claimant \_\_\_\_\_

State: Mr, Mrs, Miss \_\_\_\_\_ ID number \_\_\_\_\_

Surname \_\_\_\_\_

Forenames \_\_\_\_\_

Contact numbers Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Occupation in full \_\_\_\_\_

Full postal address \_\_\_\_\_

Postal code \_\_\_\_\_

Date of loss \_\_\_\_\_

Was vessel taking part in an official race or speed test YES      NO

Who was in charge of the vessel at the time of casualty/theft

Full description of how, when and where the casualty/theft occurred

Details of damage (an estimate of probable cost or repairs should be given)

Where can the vessel be inspected \_\_\_\_\_

Was any person injured or any property damaged – give details. YES      NO

Have any claims been made on you – if so, state amount. YES      NO

R \_\_\_\_\_

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

If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances.

Have the police been notified YES      NO

Date \_\_\_\_\_ Police station \_\_\_\_\_ Reference number \_\_\_\_\_

## 2. DETAILS OF THE CRAFT

Type of craft	Racing dinghy	Sailboard	Speed boat	Catamaran
Other small craft	_____			
Length	_____		Feet	_____
Inches	_____		Breadth	_____
Depth	_____		Gross tonnage	_____
If racing dinghy, please state class	_____		and sail number	_____

## 3. DETAILS OF MOTOR

Does the craft have an inboard motor	YES	NO
If YES, please state horsepower	_____	
Does the craft have an outboard motor	YES	NO
If YES, please give details below:		

Make/Model	Serial number	Year of manufacture
1) _____	_____	_____
2) _____	_____	_____

## 4. VALUE OF ITEMS INSURED

Present value of craft (excluding items below)				R
Present market value of each outboard motor	R	R	Total	R
Present value of trailer				R
Present value of life jackets and buoyancy aids				R
TOTAL value to be insured				R

## 5. LOCATION OF THE CRAFT

Is the craft kept ashore at all times when unattended	YES	NO
If YES, please give details of where and how stored	_____	

If NO, please give full details of where and how moored

## 6. NAVIGATION LIMITS

1. Inland waters, harbours and bays of the Republic of South Africa	YES	NO
2. Inland waters, harbours and bays of the Republic of South Africa including whilst the vessel is negotiating or attempting to negotiate river mouths	YES	NO
3. Inland and coastal waters of the Republic of South Africa up to:		
a) 1 nautical mile offshore	YES	NO
b) 12 nautical miles offshore	YES	NO
c) 50 nautical miles offshore	YES	NO
d) 100 nautical miles offshore	YES	NO
4. Other (please state) _____		

**7. CLAIMS EXPERIENCE**

Have any accidents or losses occurred in the past three years in connection with any craft owned or sailed by you YES NO

If YES, please give date and amount of each accident or loss:

Date	Amount	Details
_____	R _____	_____
_____	R _____	_____
_____	R _____	_____

**8. FINANCE INTEREST**

Does any finance company have an interest in the craft to be insured YES NO

If YES, please give:

Name \_\_\_\_\_

Address \_\_\_\_\_

Agreement number \_\_\_\_\_

**Note:** If a claim has been received from a third party the same should be merely acknowledged, stating the matter is receiving attention. Do not disclose the fact that insurance exists and 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.

**9. DECLARATION**

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

**10. PROTECTION OF PERSONAL INFORMATION**

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signed \_\_\_\_\_

Date \_\_\_\_\_