

## 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 \_\_\_\_\_