

POWERED CRAFT CLAIM FORM

ALL QUESTIONS MUST BE ANSWERED FULLY

IMPORTANT

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

Full name of owner: _____

Address: _____ Code: _____

Tel number: _____ Cell Number: _____ Policy number _____

Name of vessel: _____ Type: _____

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

Date of casualty: _____

Was the vessel taking part in an official race or speed test? _____

Purpose for which the vessel was being used at the time of casualty? _____

Theft claims: Provide police case number and police station reported to: _____

Description (full details) of how the casualty occurred: _____

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.

WITNESS:

Names and addresses (it is important that these should be obtained): _____

INSURANCE:

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

SALVAGE:

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

Is there any hire purchase interest? _____ If so, with whom and how much? _____

I hereby declare that the above answers and particulars are true and complete in every respect.

Signature: _____ Date: _____

SKETCH PLAN:

Please fax the completed form back to us on 0861 250 351.