

WATERCRAFT CLAIM FORM

IMPORTANT: ALL QUESTIONS ON THIS FORM MUST BE ANSWERED

POLICY/CONTACT INFORMATION	Policy No	<input type="text"/>	Expiry Date	<input type="text"/>
	Name of Insured in Full	<input type="text"/>	ID No	<input type="text"/>
	Address	<input type="text"/>		Post code <input type="text"/>
	Home Tel	<input type="text"/>	Work Tel	<input type="text"/>
			Mobile Tel	<input type="text"/>
	Email Address	<input type="text"/>		

DESCRIPTION OF INSURED VESSEL	Make	<input type="text"/>	Model	<input type="text"/>
	Vessel Name	<input type="text"/>	Hull Serial No	<input type="text"/>
	Motor/s	<input type="text"/>	Serial No/s	<input type="text"/>
	Trailer	<input type="text"/>	Reg No	<input type="text"/>
	Is the Vessel Financed	<input type="checkbox"/> Y <input type="checkbox"/> N	Details	<input type="text"/>

INCIDENT INFORMATION	Date of Loss	<input type="text"/>	Time	<input type="text"/>	Speed of Vessel	<input type="text"/>
	Where did loss/incident occur	<input type="text"/>				
	Was the vessel taking part in an official race or speed test	<input type="checkbox"/> Y <input type="checkbox"/> N	Details	<input type="text"/>		
	Has the incident been reported to the Police	<input type="checkbox"/> Y <input type="checkbox"/> N	Date	<input type="text"/>	Time	<input type="text"/>
			Case No	<input type="text"/>		
	Police Station	<input type="text"/>				
	Details of Damage	<input type="text"/>				
		<input type="text"/>				
	Estimated cost of repairs (attach quotes)	<input type="text"/>				
Where can the damaged items be inspected	<input type="text"/>					
Is there any other insurance applicable to the claimed items	<input type="checkbox"/> Y <input type="checkbox"/> N	Details	<input type="text"/>			
Give a detailed description of how loss/incident occurred and damage sustained, property stolen or missing (please attach photos if available)						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						
<input type="text"/>						

Driver Information	

Driver Information	Person in control of the vessel at time of loss/incident <input type="text"/>
	ID No <input type="text"/> Tel No <input type="text"/> C.O.C. Licence No <input type="text"/>
	Exp. Date <input type="text"/>
	How many people (other than the driver) were in the vessel at the time of the loss/incident <input type="text"/>

THIRD PARTY INSURANCE	<p>If there are Third Party Injuries or Damages, the following details are required: Third Party Injured: Please attach details – Name/s, Address/es, Age/s and injuries sustained:</p> <input type="text"/>
	Owner of other vessel <input type="text"/> Tel <input type="text"/>
	Address <input type="text"/>
	Details of other vessel: Make of hull <input type="text"/> Reg No <input type="text"/> Make of Motor <input type="text"/>
	Name of Insurance Company <input type="text"/>
	Was the scene of the incident attended by Police or other persons of authority <input type="checkbox"/> Y <input type="checkbox"/> N Provide names and contact details in the block below:
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	If the claim is for damage to Insured's property arising out of a motor vehicle accident, details of the vehicle towing the Insured's property is required:
	Make of your vehicle <input type="text"/> Year Model <input type="text"/> Reg no <input type="text"/>
	Is vehicle insured, name of Insurance Company <input type="text"/>
	Policy No <input type="text"/> Contact No <input type="text"/>
	Driver of vehicle at time of accident <input type="text"/> Drivers License Code <input type="text"/>
	Address of driver if not the insured <input type="text"/> Postcode <input type="text"/>
Details of the other vehicle involved in accident: Name of Owner <input type="text"/>	
Address of owner: <input type="text"/>	
Name of driver: <input type="text"/> Tel: <input type="text"/>	
Drivers licence no: <input type="text"/> Make of vehicle: <input type="text"/>	
Year Model: <input type="text"/> Reg no: <input type="text"/>	
Is vehicle insured? Name of Insurance Company: <input type="text"/> Policy No: <input type="text"/>	

DIAGRAM OF CIRCUMSTANCES

BANKING
DETAILS

Name of Bank: Branch: Account Number:
Type of Account Name of Account Holder:

DECLARATION

I hereby solemnly declare that the information above and on the face hereof is a true and faithful account of the event sustained by me and that I have not concealed anything which may be relevant to your consideration of this claim.

Declared At: Date:

Insured Signature: _____

**Documents
Required:**

1. Quotation for repair work
2. SAMSA Certificate of Competence (please note that this is required on all claims)
3. SAMSA Certificate of Fitness (please note that this is required on all claims)
4. Digital Photos of damage
5. Any Third Party details (if applicable)
6. For claims involving the trailer, please send proof of last service and registration certificate.
7. Could you please let us know where you are taking your vessel/motor/trailer to obtain a quote?