

## SAVANNAH MARINE

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# PLEASURE CRAFT CLAIM FORM

<b>THE INSURED:</b>									
Insured's Name:		Surname:				Given Name(s)			
Are you registered for VAT?		YES		NO		Vat No.:			
Address:								Postcode:	
Contact Number(s)		Business:		(   )		Private:		(   )	
		Facsimile:		(   )		Mobile:			

THE VESSEL:									
		MAKE	MODEL NO.	YEAR BUILT	REG./SERIAL NO.:	HULL-LENGTH MOTOR HP	CONSTRUCTION		DATE PURCHASED
Description of insured vessel, motor, trailer	Hull								
	Dinghy								
	Motor								
	Motor								
	Trailer								
Description of equipment (including sails if applicable)									
Name of Vessel									
Finance	Is the vessel financial encumbered?							NO	YES
	If 'Yes', please give name and address of finance company								
								Postcode:	

[illegible]

**DIAGRAM OF CIRCUMSTANCES (Please include photographs if possible)**

Where can vessel be inspected?				
			Telephone No	(     )
Address:				Postcode
If property lost/stolen, has it been reported to police?		NO		YES
Police Station			Date Reported	
Police Officer		Time Reported	Report No	
What steps were taken to minimise loss/damage?				
Have you ever:				
a) had previous claims?			NO	YES
Details:				
b) been refused insurance?			NO	YES
Details:				
c) been charged/convicted of any offences?			NO	YES
Details:				

<b>PARTICULARS IN RELATION TO THIRD PARTIES (if applicable)</b>				
<b>DAMAGE TO PROPERTY</b>				
Owner of other vessel	Name			
	Telephone No.	(     )		
	Address			
			Postcode	
Details of other vessel	Make of Hull		Reg No	
Name of vessel		Name of insurance company		
Were you at fault?	NO	YES	Give reasons	
<b>PARTICULARS IN RELATION TO THIRD PARTIES (if applicable) - continued</b>				
Describe damage to other vessel, motor etc				

Estimated cost of repairs	
Where is the vessel now?	

<b>DECLARATION AND AUTHORISATION</b>	
I/We solemnly declare that the information above and on the face hereof is a true and accurate account of the event sustained by Me/Us, and that I/We have not concealed anything material which should be known by the Insurers	
Insured's Signature	<div></div>
Date	<div></div>