



# TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

**Marine Insurance Specialists**

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Pedal Power House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

T: +27 21 701 8023 | 701 7948 | 701 7943 | F: +27 21 701 7912

## MARINE LIABILITY – CLAIM FORM

### DOCUMENTATION REQUIRED

- Quotation for replacement / repairs.
- Written confirmation from insured that no other policy is in force covering this incident.
- Accident/Incident report.
- Police Report and case number if applicable.
- Witness statements in the case of loss and/or damage to the vessel.
- Letter of demand in the case of third-party damage or injury.
- Copy of correspondence with Maritime Authorities.
- Any other documents that you may think may assist us in understanding your claim.
- Please attach a separate sketch scene after and before of the accident including photographs.

INSURED'S DETAILS:		
NAME OF INSURED:		
CONTACT NAME:		
TELEPHONE NUMBER:		
PHYSICAL ADDRESS:		
VAT REFERENCE NO:		
BROKER'S DETAILS:		
NAME OF BROKER:		
CONTACT NAME:		
TELEPHONE NUMBER:		
BROKER'S REFERENCE:		
POLICY DETAILS:		
POLICY NUMBER:		
DEDUCTIBLE:		
POLICY PERIOD:	FROM:	TO:
SKIPPER DETAILS:		
NAME:		
CONTACT DETAILS:		
RELATIONSHIP TO INSURED:		



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Please provide details on their qualifications and experience.	
<b>CLAIM INFORMATION:</b>	
DATE OF LOSS / DAMAGE:	
WHERE DID THE LOSS OCCUR?	
DETAILS OF LOSS: (WHAT HAPPENED?)	
FOR WHAT PURPOSE WAS THE VESSEL BEING USED?	
PLEASE ADVISE LOCATION OF DAMAGED VESSEL:	
PLEASE GIVE FULL DETAILS OF THE DAMAGE TO THE INSURED VESSEL:	
WHAT WERE THE WEATHER CONDITIONS LIKE?	
NAME OF VESSEL:	
ESTIMATE OF LOSS (VALUE):	
What action if any has been taken to minimize loss/damage or liability?	
How many crew members were onboard the vessel at the time of the incident?	
Please provide their names and contact details:	
NAME:	CONTACT:
NAME:	CONTACT:
Was the incident reported to the Maritime Authorities? If yes, please provide details.	YES / NO



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<b>LOSS AND/OR DAMAGE TO OTHER VESSEL:</b>	
NAME OF VESSEL:	
NAME OF OWNER:	
ADDRESS:	
CONTACT DETAILS:	
ESTIMATED REPAIR COST:	
<b>IN THE CASE OF THIRD-PARTY DAMAGE (PERSONAL AND/OR PROPERTY)</b>	
Give full details of injury and/or damage to other people or property:	
Please provide the name, address and contact details of the owner of the other vessel or property:	
NAME:	CONTACT:
ADDRESS:	
Location at the time of injury and/or damage i.e. vessel, jetty, etc.:	
WAS MATTER REPORTED TO POLICE?	YES / NO
DETAILS OF OFFICER/STATION:	
CASE NUMBER:	DATE ADVISED:
Please provide details of injury sustained:	
Have you received any claim or demand from a third party? If yes, please provide details:	YES / NO
Were there any witnesses to the incident? If yes please provide details:	YES / NO
NAME:	CONTACT:
ESTIMATE OF LOSS (VALUE):	



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### DECLARATION AND CONSENT:

#### DECLARATION

I/We solemnly declare that I/We have suffered loss or damage to the property as described above and that the said loss/damage occurred in the circumstances described.

#### GENERAL POPI CONSENT CLAUSE

By providing the information on your claim form, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.

Should a settlement be accepted following the completion of this claim form,

The Parties acknowledge that for the purposes of performing this contract, it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa, for use in connection with the performance of this contract and any related reinsurance contract.

NAME OF SIGNATORY:

SIGNATURE:

DATE: