

Company Registration No: 2012/089555/07

Marine Insurance Specialists

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

A: Unit UF02, Lionshead 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

SMALLCRAFT – CLAIM FORM

Our aim is to handle claims as simply and sympathetically as possible in an effort to ensure your total satisfaction. These notes are designed to help you should you have to make a claim.

In the unfortunate event of damage or loss being sustained, you should report the circumstances as soon as possible to your insurance broker. Include the amount that is likely to be involved and whether the claim is likely to be enhanced by delay e.g., where machinery, electrics, furnishings etc. have been flooded by sea water. Any theft or malicious damage should be reported promptly to the Police and the Case Number noted.

PLEASE NOTE

- that if the damage is likely to be enhanced by delay you are required to take immediate steps to protect your property or minimise any damage. Please act as if you were not insured and advise us of the action you have taken as soon as possible after the occurrence.
- that you have to show the damage or loss sustained is caused by one of the risks covered by the policy, and that the cost of repairs/replacements is reasonable.
- that you are responsible for making all arrangements for recovering/repairing your Craft and paying the
 service providers concerned. Only you can give instructions for anything to be done. Where we instruct a
 surveyor he will assist whenever possible by putting you in touch with boatyards, repairers or suppliers so
 that you can obtain estimates.
- that if the accident has resulted in personal injury or damage to property of Third Parties do not admit liability or instruct lawyers (Expressing normal concern will not prejudice your position). Please forward full details to us as soon as possible after the occurrence. It is important to obtain names and addresses of independent witnesses whenever possible.
- that if towage or salvage services are essential to protect the insured craft from serious damage try to agree a realistic set fee before acceptance, if this is possible. If not you should agree to or request a Standard Form of Salvage Agreement. Remember we will not be able to reimburse the cost of towage or salvage services unless these were incurred in preventing or minimising a loss by an insured peril.

On receiving this report via your insurance broker, we will send an acknowledgement quoting the claim number, which should be used in future communications with us. If we decide to instruct a Surveyor to inspect the damage or investigate the loss we will give his name, address and telephone number to your broker or yourself and normally ask the Surveyor to contact you.

You should fully complete the relevant sections of this claim form and return it to us as soon as possible, with a detailed estimate if available. The return of the claim form should not be delayed whilst you await an estimate as the claim can be registered in the meantime. This ensures minimum delay once the estimate arrives. Where you were not present when the loss occurred tell us what you believe to be the most likely cause and why.

When we have had an opportunity to examine your claim form, we will write to you giving our views on your claim and the estimate. We would point out that if the costs are more than R10,000 we will require at least one other estimate and you or your representative will be asked to obtain this. We will normally approve the lowest estimate unless there is a good reason not to. When we give our approval to an estimate you may give instructions to the repairers to proceed or the suppliers to supply.

When the repairs have been completed, or the replacements supplied to your satisfaction, the receipted invoice/s should be submitted to us. We will then arrange reimbursement in accordance with the policy conditions.



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INSURED'S DETAILS:				
NAME OF INSURED:				
CONTACT NAME:				
TELEPHONE NUMBER:				
PHYSICAL ADDRESS:				
VAT REFERENCE NO:				
	BROKEF	R'S DETAILS:		
NAME OF BROKER:				
CONTACT NAME:				
TELEPHONE NUMBER:				
BROKER'S REFERENCE:				
	POLIC	Y DETAILS:		
POLICY NUMBER:				
DEDUCTIBLE:				
POLICY PERIOD:	FROM:		то:	
	VESSE	L DETAILS:		
VESSEL NAME:		VALUE OF INSURED VESSEL:		
VESSEL TYPE:		VALUE OF OUTBOARD MOTORS:		
POLICY EXCESS:		SHIPS, BOATS AND TENDERS:		
REDUCED ITEMS EXCESS:		VALUE OF TRAILER:		
MOORING:	PERSONAL EFFECTS:			
		TOTAL VALUE INSURED: R		R
	DETAILS (OF INCIDENT:		
DATE OF LOSS / DAMAGE:				
TIME:				
LOCATION:				
SPEED OF VESSEL THROUGH THE WATER:				
DIRECTION AND SPEED OF CURRENT:				
WHEN WAS THE VESSEL LAST INSPECTED PRIOR TO LOSS?				

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WAS THE VESSEL FULLY FITTED OUT?					
CIRCUMSTANCES:					
PLEASE DESCRIBE THE DAMAGE TO YOUR VESSEL:					
	REPAIRS TO	YOUR VESSEL:			
WHERE IS THE VESSEL AND IN WHO'S CHARGE?					
NAME:		ADDRESS:			
TELEPHONE NUMBER:		HAVE YOU OBTAINED AN ESTIMATE OF REPAIRS?	YES/NO		
IF YES, FROM WHOM?		AMOUNT:	R		
Please forward an estimate as soon as possib	ole or enclose with th	is form.			
	CI	REW:			
WHO WAS IN CHARGE OF YOUR VESSEL AT T	THE TIME THE INCIDEN	NT OCCURRED?			
NAME:		ADDRESS:			
OCCUPATION:		QUALIFICATIONS:			
GIVE DETAILS OF ALL OTHER CREW CARRIED	INCLUDING OWNER?				
	RA	CING:			
IF THE INCIDENT TOOK PLACE WHILST THE C	DAET WAS SLIDIECT T	O BACING BILLES DI EASE COM	IDLETE THE EOLLOWING:		
IF THE INCIDENT TOOK PLACE WHILST THE C	KAFI WAS SUBJECT I	O RACING ROLES PLEASE COIVI	PLETE THE FOLLOWING.		
WAS A PROTEST MADE?	YES/NO	IF YES, TO WHOM?			
WITH WHAT RESULT? (IF AVAILABLE, ATTACH	H A COPY OF THE PRO	TEST FINDINGS)			
IF NO PROTEST WAS MADE, PLEASE GIVE AN	EXPLANATION OF TH	IIS DECISION:			



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	DA	MAGE TO THIRD PART	IES: (Persons or proper	rty)		
DETAILS OF DAMAGE OR IN	JURY:					
HAVE ANY CLAIMS BEEN M YOU?	ADE AGAINST	YES/NO	YES/NO IF YES, STATE AMOUNT: R			
NOTE: if a claim has been reattention. DO NOT DISCLOSINB: All communications for	SE the fact that in	surance exists and DO	NOT ADMIT LIABILITIY	or make ar	ny offer of p	
WIT	NESSES: Give nar	nes and addresses – It	is important that these	e should be	obtained	
PASSENGERS IN VESSEL:		NAN	NAMES: ADDRESS:			RESS:
INDEPENDENT WITNESSES:		NAMES: ADDRESS:			RESS:	
OFFICIAL EVIDENCE: If a			er, police officer or race name, address and da			e incident or it was
SALVAGE: If any salvage	services have be		ive details, including na ce given	ames of the	parties and	d full details of the
		STATEMEN	T OF CLAIM:			
Description of property stolen, lost, destroyed or damaged. Give model and serial no	Are you the sole owner?	Date of Manufacture	Date of purchase or acquisition	Price	e Paid	Net Amount claimed

Description of property stolen, lost, destroyed or damaged. Give model and serial no Are you the sole owner? Y/N Date of Manufacture Date of purchase or acquisition Price Paid Net Amount claimed



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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: