

**TRI-MARINE ACCEPTANCES (PTY) LTD**

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: [www.trimarine.co.za](http://www.trimarine.co.za) | FSP No: 44286

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

T: +27 21 701 8023

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## SMALLCRAFT – CLAIM FORM

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**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:			
BROKER'S DETAILS:			
NAME OF BROKER:			
CONTACT NAME:			
TELEPHONE NUMBER:			
BROKER'S REFERENCE:			
POLICY DETAILS:			
POLICY NUMBER:			
DEDUCTIBLE:			
POLICY PERIOD:	FROM:	TO:	
VESSEL 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:	
		<b>TOTAL VALUE INSURED:</b>	<b>R</b>
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:			
<b>REPAIRS TO YOUR VESSEL:</b>			
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:	<b>R</b>
Please forward an estimate as soon as possible or enclose with this form.			
<b>CREW:</b>			
WHO WAS IN CHARGE OF YOUR VESSEL AT THE TIME THE INCIDENT OCCURRED?			
NAME:		ADDRESS:	
OCCUPATION:		QUALIFICATIONS:	
GIVE DETAILS OF ALL OTHER CREW CARRIED INCLUDING OWNER?			
<b>RACING:</b>			
IF THE INCIDENT TOOK PLACE WHILST THE CRAFT WAS SUBJECT TO RACING RULES PLEASE COMPLETE THE FOLLOWING:			
WAS A PROTEST MADE?	YES/NO	IF YES, TO WHOM?	
WITH WHAT RESULT? (IF AVAILABLE, ATTACH A COPY OF THE PROTEST FINDINGS)			
IF NO PROTEST WAS MADE, PLEASE GIVE AN EXPLANATION OF THIS DECISION:			

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**DAMAGE TO THIRD PARTIES: (Persons or property)**

DETAILS OF DAMAGE OR INJURY:

HAVE ANY CLAIMS BEEN MADE AGAINST YOU?	YES/NO	IF YES, STATE AMOUNT:	<b>R</b>
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**NOTE:** if a claim has been received from a third party the same should be merely acknowledged, stating the matter is receiving attention. **DO NOT DISCLOSE** the fact that insurance exists and **DO NOT ADMIT LIABILITY** or make any offer of payment.  
 NB: All communications for third parties should be forwarded **IMMEDIATELY** to the company for attention.

**WITNESSES: Give names and addresses – It is important that these should be obtained**

PASSENGERS IN VESSEL:	NAMES:	ADDRESS:
INDEPENDENT WITNESSES:	NAMES:	ADDRESS:

**OFFICIAL EVIDENCE: If a coastguard, harbour official, lock keeper, police officer or race official witnessed the incident or it was reported to them, please provide the name, address and date of reporting**

**SALVAGE: If any salvage services have been rendered, please give details, including names of the parties and full details of the assistance given**

**STATEMENT OF CLAIM:**

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:**

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**SIGNATURE:**

**DATE:**