

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, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: info@trimarine.co.za



SMALLCRAFT PROPOSAL FORM

SECTION A: INSURED'S DETAILS									
Insured's full name:									
Name of Owner (if not the Insured):									
I.D Number/Co Reg Number:									
Phone Number:	Work:					Mobile:			
Risk Address:									
Type Of Qualification:									
Member Of SAS:	YES	<input type="checkbox"/>		NO	<input type="checkbox"/>				
Previous insurance:	YES	<input type="checkbox"/>		NO	<input type="checkbox"/>				
If yes, please provide please provide insurer details and policy period:									
Sas Membership Number:									
Skippers Details:									
Skippers Qualification:									
Insurance Broker:									
SECTION B: VESSEL DETAILS									
Vessel Make:									
Vessel Official Number:									
Vessel Name:									
Built By:									
Year Of Build:									
Length:									
Breadth:									
Depth:									
Tonnage:		Gross:							Net:
Type of hull:	Mono:	<input type="checkbox"/>	Catamaran:	<input type="checkbox"/>	Trimaran:	<input type="checkbox"/>			
	Sailing Dingy:	<input type="checkbox"/>	Other:	<input type="checkbox"/>					
Is there a valid buoyancy certificate for Dingy?		YES			<input type="checkbox"/>		NO	<input type="checkbox"/>	
Type of construction:	GRP (Fiber Glass):	<input type="checkbox"/>	Steel:	<input type="checkbox"/>	Wooden:	<input type="checkbox"/>			
	Ferrocement:	<input type="checkbox"/>	Other: Specify	<input type="checkbox"/>					
Type of rigging:	Masthead:	<input type="checkbox"/>	Fractional:	<input type="checkbox"/>	Other (Please state):				
If Ferrocement - Warranted Vessel Is professionally designed and built - Immediate Referral To TMA									
Where is the vessel located:									
Is there access control to the area:		YES	<input type="checkbox"/>		NO	<input type="checkbox"/>			
Is there 24-hour security:		YES	<input type="checkbox"/>		NO	<input type="checkbox"/>			
COF: (Certificate of Fitness)		YES	<input type="checkbox"/>		NO	<input type="checkbox"/>			
If No: When will COF be obtained?									
Has the Vessel been professionally surveyed in the last three Years?		YES	<input type="checkbox"/>		NO	<input type="checkbox"/>			
If yes, please provide surveyor's name and copy of survey:									
Is The Vessel Undergoing A Refit:		YES	<input type="checkbox"/>		NO	<input type="checkbox"/>			

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If yes, will she be on the hard:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Estimated period on the hard:				
Where will she be slipped and placed on the hard:				
Is there access control where vessel is on the hard:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is there 24-hour security where the vessel is on the hard:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If refit being undertaken in water:				
Estimated time frame of refit:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Buoyancy certificate: (Vessel under 9 meters)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is there access control where the vessel is berthed:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Is there 24-hour security where the vessel is berthed:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are bilges checked daily:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are all sea cocks in working order:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

SECTION C: VESSEL VALUATION

For the purposes of this Proposal Form and any subsequent Policy issued hereunder, the following expressions shall have the meanings set out below unless the context otherwise requires:

“Agreed Value” means the value of the Vessel as stated in the Policy Schedule, agreed between the Insured and the Insurers as the basis of settlement in the event of a total or constructive total loss.

In such event, Insurers shall pay the Agreed Value, less any applicable deductible. Insurers may, at their discretion, take possession of the salvage and all relevant documentation, but there shall be no right of abandonment to Insurers.

This provision shall not apply to partial loss or damage, where Insurers may repair, replace, or make good the loss as they deem expedient.

“Market Value” means the reasonable cost to replace or reinstate the Vessel or item with one of the same make, model, age, and condition immediately prior to the loss or damage, having regard to prevailing market conditions at the time of loss.

“New Replacement Value” means the current cost to purchase a new Vessel or item of the same or similar type, specification, and capacity at the time of loss or damage.

Please specify the value to be insured:

Hull, Machinery & Equipment not exceeding 5 years	Agreed Value or New Replacement Value
Hull, Machinery & Equipment older than 5 years	Agreed Value or Market Value
Sails, rigging and running rigging not exceeding 7 years	Agreed Value or New Replacement Value
Sails, rigging and running rigging older than 7 years	Agreed Value or 2/3rds of Replacement Value
Masts and spars not exceeding 10 years	Agreed Value or New Replacement Value
Masts and spars more than 10 years	Agreed Value or 2/3rds of Replacement Value
Protective covers not more than 3 years	Agreed Value or New Replacement Value
Protective covers more than 3 years	Agreed Value or 2/3rds of Replacement Value
Other	Agreed Value or New Replacement Value

SECTION	TOTAL VALUE			
Please select method	Agreed Value	Market Value	New Replacement Value	TOTAL
Hull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Mast, Spars, Standing & Running Rigging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R

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Electronic Navigational Equipment on Board: (Subject to Receipt of A Full Valued Inventory)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
Other Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R
TOTAL				R
Do you wish to give a detailed breakdown of your vessel?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

If "Yes" Please complete Small Craft Valuation Breakdown Form found on our website www.trimarine.co.za

Why this is important: Providing a detailed valuation ensures that the sum insured accurately reflects the value of your vessel and all equipment, allowing for precise cover and efficient claims handling.

SECTION D: CONTENTS

INBOARD / MAIN ENGINE:

Make and model of engine(s):						
Year built:						
Power: (Hp)				Indicated Hours: (Hrs.)		
Type:	Inboard	<input type="checkbox"/>	Sterndrive	<input type="checkbox"/>	Jet	<input type="checkbox"/>
	Outboard	<input type="checkbox"/>	Surface-drive	<input type="checkbox"/>	Other (please state):	
Fuel:	Petrol	<input type="checkbox"/>	Diesel	<input type="checkbox"/>	CODAG	
Cooling:	Water	<input type="checkbox"/>	Air	<input type="checkbox"/>		
Any visible leaks:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Engine protection devices:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Alarms Tested:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
Main Engine maintenance record:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

OUTBOARD ENGINE:

Make and model of engine(s):						
Engine No:						
Year built:						
Power: (Hp)				Indicated Hours: (Hrs.)		
Type:	Outboard	<input type="checkbox"/>	Surface-drive	<input type="checkbox"/>	Other (please state):	<input type="checkbox"/>
	Petrol	<input type="checkbox"/>	Diesel	<input type="checkbox"/>	CODAG	<input type="checkbox"/>
Bolt on mechanism:						
Do you wish to cover the outboard motor against dropping off and falling overboard:	YES			<input type="checkbox"/>	NO	<input type="checkbox"/>

If "Yes" This is subject to the bolt mechanism being approved and recognized.

DINGHY/TENDER:

Make & Model:	
Type:	
Year:	
Construction Material:	
Condition:	
Where stored:	

TRAILER:

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Make & Model:								
Type:								
Year:								
Roadworthy & Licensed:		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Licence Registration Number:								
Vin Number:								
Condition:								
Where stored:								
Is there 24-Hour security:		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
FIRE FIGHTING APPARATUS:								
Number of Fire extinguishers: Type:	Manual		Water		Foam			
	DPC		CO2		Other (Please state):			
Number of Fire extinguishers: Area:	Galley		Accommodation		Engine Room			
	Last service date:							
Details of fire-fighting Equipment and condition:								
SECTION E: USE OF VESSEL AND COVERAGE								
PRIVATE USE:								
Pleasure	<input type="checkbox"/>	Liveboard	<input type="checkbox"/>	Racing / Regatta	<input type="checkbox"/>			
Club / Association Use	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>					
CHARTER USE:								
Bareboat Charter	<input type="checkbox"/>	Skipper Charter	<input type="checkbox"/>	Day Charter	<input type="checkbox"/>			
If day charter, please state no passengers			No of Passengers:					
Moorings:	Marina Pontoon:	Marina Stern To:		Swing:				
	Pile:	Fore & Aft:		Other (please specify):				
Where will the vessel be moored?								
How many months is the vessel in commission?								
How many months is the vessel laid up and where is the lay-up location?								
Is the vessel subject to finance/mortgage?					YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If so, please state amount of loan and name of finance company:								
Please confirm the date cover is to commence and end:								
Please select premium payment method required:								
Monthly:	<input type="checkbox"/>	Annual:	<input type="checkbox"/>					
Debit Order:	<input type="checkbox"/>	EFT:	<input type="checkbox"/>					
Will the vessel be used for racing?	YES			<input type="checkbox"/>	NO		<input type="checkbox"/>	
Type of race:	Club:		Off-shore:					
Navigation limits:	RSA inland and coastal waters				Other (please state):			
SECTION F: CLAIMS HISTORY								
Have you had any accidents/claims/losses in connection with any vessel you have sailed/owned/under your control in the last 5 years?					Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes" please provide claims history below including date of loss, paid and outstanding amounts and brief description of the incident:								

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SECTION G: DECLARATION AND CONSENT

DECLARATION

I/We declare that the information and answers given in this form are true to the best of **my/our** knowledge and belief and that **I/We** have not mis-stated or suppressed any material facts that might influence the assessment of the risk. **I/We** also understand that the completion of this form does not bind insurers or mean **I/We** will accept this insurance but, if terms are agreed, it will form part of the contract.

GENERAL POPI CONSENT CLAUSE

By submitting this proposal, **I/We** consent to the collection and processing of the personal or business information provided for the purposes of assessing, underwriting, and issuing an insurance policy. The Parties acknowledge that such processing may be required for the performance of a contract, compliance with legal obligations, or the legitimate interests of the party responsible as contemplated under POPIA.

I/We consent to the sharing of this information with insurers, reinsurers (including those situated outside the Republic of South Africa), underwriting managers, administrators, service providers, and other relevant parties necessary to complete the underwriting process or meet legislative requirements. Cross-border transfers will comply with POPIA's requirements for adequate data protection.

I/We understand that **I/We** may request access to, correct or delete information, or object to its processing via email, telephone, SMS, WhatsApp, or any communication method permitted under the amended POPIA Regulations.

Where direct marketing is applicable, **I/We** understand it will only be sent if **I/We** provide explicit and recorded consent, as required by POPIA. "Opt-out" options do not constitute valid consent.

NAME OF SIGNATORY:

SIGNATURE:

DATE:

Thank you for taking the time to complete this proposal form.