

TTM Risk (Pty) Ltd Company Reg. Number: 2005/021322/07 VAT Registration Number: 4450224862 An Authorised Financial Services Provider FSCA Licence Number: 24875

## COMMERCIAL HULL CLAIM FORM

| THE INSURED:                                             |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|----------------------------------------------------------|-------------------------------------------------------|--------------------|--------------------|------------------|---------------------------|---------------------|--------|-------|-----------|-----------|
| Insured's Name:                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
| Are you registered for VAT?                              |                                                       |                    | YES                | NO               | Vat No.:                  |                     |        |       |           |           |
| Address:                                                 |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
| / tadi ooo.                                              |                                                       |                    | .,                 |                  |                           |                     |        |       | Postcode: |           |
| Contact Number(s)                                        | Business:<br>Facsimile:                               |                    | ( )                |                  |                           | Private:<br>Mobile: | ( )    |       |           |           |
|                                                          | Facsimile.                                            |                    | ( )                |                  |                           | wobile:             |        |       |           |           |
| THE VESSEL:                                              |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       | MAKE               | MODEL NO.          | YEAR             | REG./SERIAL               | HULL-LEN            |        | CONS  | TRUCTION  | DATE      |
|                                                          |                                                       |                    |                    | BUILT            | NO.:                      | WOTOK               | nr     |       |           | PURCHASED |
| Description of insured vessel,                           | Hull                                                  |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          | Dinghy                                                |                    |                    |                  |                           |                     |        |       |           |           |
| motor, trailer                                           | Motor<br>Motor                                        |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          | Trailer                                               |                    |                    |                  |                           |                     |        |       |           |           |
| D (                                                      | Trailor                                               |                    |                    |                  | Į                         |                     |        |       |           |           |
| Description of equipment (including sails if applicable) |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
| (including sails if applicable)                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
| Name of Manage                                           |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
| Name of Vessel                                           | Is the ves                                            | sel financial e    | ncumbered?         |                  |                           |                     |        |       | NO        | YES       |
| Finance                                                  |                                                       |                    | ne and address of  | f finance comp   | anv                       |                     |        |       | 110       | TEO       |
|                                                          | , p.                                                  | g. · - · · · · · · |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       | Postcode: |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
| THE LOSS / INCIDENT                                      | When did                                              | the less / incid   | dont coour?        |                  | Date:                     |                     |        | Time: |           | om/nm     |
| Particulars of loss / incident                           | When did the loss / incident occur?  Speed of vessel? |                    |                    |                  | Date.                     |                     |        | Time. |           | am/pm     |
|                                                          | Where did the loss/incident occur?                    |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          | For what purpose was vessel being used?               |                    |                    |                  |                           |                     |        |       |           |           |
| Who was in control of vessel                             | Person                                                |                    |                    |                  |                           |                     |        |       |           |           |
| at the time of loss/incident                             | Address                                               |                    |                    |                  |                           |                     |        |       | Dantanda  |           |
|                                                          | Age Telep                                             |                    |                    |                  | Postcode:                 |                     |        |       |           |           |
| Skippers licence                                         |                                                       |                    |                    |                  | Please attached photocopy |                     | Expiry | Date: |           |           |
| State name and address of                                | Person                                                |                    |                    |                  | Telephone No              | ( )                 |        |       |           |           |
| any independent witness to                               | Address                                               |                    |                    |                  |                           |                     | •      |       |           |           |
| incident                                                 | L                                                     |                    |                    |                  |                           |                     |        |       | Postcode: |           |
| How did loss/damage occur (ii                            | nclude wind                                           | direction, tide    | e, course of vesse | el(s), weather)? |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
|                                                          |                                                       |                    |                    |                  |                           |                     |        |       |           |           |
| THE LOSS / INCIDENT (con                                 | tinuod\                                               |                    |                    |                  |                           |                     |        |       |           |           |
| DIAGRAM OF CIRCUMSTAN                                    | CES (Pleas                                            | se include ph      | otographs if pos   | ssible)          |                           |                     |        |       |           |           |



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| Where can vessel be inspecte                                                                                                                               | nd?          |            |                |               |           |                |               |          |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|----------------|---------------|-----------|----------------|---------------|----------|-----|
| where can vesser be inspecte                                                                                                                               | eu:          |            |                |               |           |                | Telephone No  | ( )      |     |
| Address:                                                                                                                                                   |              |            |                |               |           |                |               | Postcode | ı   |
| If property lost/stolen, has it be                                                                                                                         | een reported | to police? |                |               |           |                |               | NO       | YES |
| Police Station                                                                                                                                             |              |            |                |               |           |                | Date Reported |          | -   |
| Police Officer                                                                                                                                             |              |            |                | Time Reported | l         |                | Report No     |          |     |
| What steps were taken to mini                                                                                                                              | imise ioss/d | amage?     |                |               |           |                |               |          |     |
|                                                                                                                                                            |              |            |                |               |           |                |               |          |     |
|                                                                                                                                                            |              |            |                |               |           |                |               |          |     |
|                                                                                                                                                            |              |            |                |               |           |                |               |          |     |
|                                                                                                                                                            |              |            |                |               |           |                |               |          |     |
| Have you ever:                                                                                                                                             |              |            |                |               |           |                |               |          |     |
| a) had previous claims?                                                                                                                                    |              |            |                |               |           |                |               | NO       | YES |
| Details: b) been refused insurance?                                                                                                                        |              |            |                |               |           |                |               | NO       | YES |
| Details:                                                                                                                                                   |              |            |                |               |           |                |               |          | 1   |
| c) been charged/convicted of a                                                                                                                             |              | s?         |                |               |           |                |               | NO       | YES |
| Details:                                                                                                                                                   |              |            |                |               |           |                |               |          |     |
| PARTICULARS IN RELATION                                                                                                                                    | I TO TUIDE   | DADTIES /  | if applicable) |               |           |                |               |          |     |
| DAMAGE TO PROPERTY                                                                                                                                         | 10 THIKE     | PARTIES (  | п аррпсаые)    |               |           |                |               |          |     |
|                                                                                                                                                            | Name         |            |                |               |           |                |               |          |     |
| Owner of other vessel                                                                                                                                      | Telephone    | No.        | ( )            |               |           |                |               |          |     |
|                                                                                                                                                            | Address      |            |                |               |           |                |               | Dootoodo | 1   |
| Details of other vessel                                                                                                                                    | Mak          | e of Hull  |                |               |           |                | Reg No        | Postcode |     |
| Name of vessel                                                                                                                                             | man          |            |                |               | Name of i | nsurance compa |               | 1        | 1   |
| Were you at fault?                                                                                                                                         | NO           | YES        | Give reasons   |               |           |                |               |          |     |
|                                                                                                                                                            |              |            | •              |               |           |                |               |          |     |
|                                                                                                                                                            |              |            |                |               |           |                |               |          |     |
| Describe damage to other ves                                                                                                                               | sel. motor e | etc        |                |               |           |                |               |          |     |
|                                                                                                                                                            | ,            |            |                |               |           |                |               |          |     |
|                                                                                                                                                            |              |            |                |               |           |                |               |          |     |
| Estimated cost of renairs                                                                                                                                  | ı            |            |                |               |           |                |               |          |     |
| Estimated cost of repairs Where is the vessel now?                                                                                                         |              |            |                |               |           |                |               |          |     |
|                                                                                                                                                            |              |            |                |               |           |                |               |          |     |
| DECLARATION AND AUTHO                                                                                                                                      | ORISATIO     | N          |                |               |           |                |               |          |     |
| I/We solemnly declare that the information above and on the face hereof if 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                                                                                      |              |            |                |               |           |                |               |          |     |
|                                                                                                                                                            |              |            |                |               |           |                |               |          |     |
|                                                                                                                                                            |              |            |                |               |           | 7              |               |          |     |
| Insured's Signature                                                                                                                                        |              |            |                |               |           |                | Date          |          |     |
|                                                                                                                                                            |              |            |                |               |           |                |               |          |     |