

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

PLEASURE CRAFT CLAIM FORM

THE INSURED:										
Insured's Name:	Surname:					Given Name(s)				
Are you registered for VAT?			YES	NO	Vat No.:					
Address:								Postcode:		
Contact Number(s)	Business: Facsimile:		()			Private: () Mobile:				
THE VEGOE										
THE VESSEL:										
		MAKE	MODEL NO.	YEAR BUILT	REG./SERIAL NO.:	HULL-LENGTH MOTOR HP	CONST	TRUCTION	DATE PURCHASED	
	Hull									
Description of insured	Dinghy									
	Motor									
vessel, motor, trailer	Motor									
	Trailer									
Description of equipment (including sails if applicable)										
Name of Vessel								l		
	Is the vesse	el financial e	ncumbered?					NO	YES	
Finance	If 'Yes', please give name and address of finance company									
i mance										
								Postcode:		
THE LOOP (INCIDENT										
THE LOSS / INCIDENT	Mhen did th	ne loss / incid	dent occur?		Date:		Time:		am/pm	
	When did the loss / incident occur? Speed of vessel?				Date.		Tillie.		ап/рп	
Particulars of loss / incident	Where did the loss/incident occur?									
	For what purpose was vessel being used?									
	Person									
Who was in control of vessel at the time of	Address									
loss/incident								Postcode:		
	Age	Telephone No.:								
Boat driver's licence	Licenc	e No ·			se attached notocopy	Expin	Date:			
State name and address of	Person			ρι	Telephone No	()	Dato.			
any independent witness to incident	Address					, ,				
		•						Postcode:		
How did loss/damage occur (in	nclude wind d	irection, tide	e, course of ve	ssel(s), wea	ther)?					
		-	•	•						



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THE LOSS / INCIDENT (continued) DIAGRAM OF CIRCUMSTANCES (Please include photographs if possible)									
	DIA	GRAM OF	CIRCUMS	TANCES (P	lease include	photographs if	possible)		
Where can vessel be inspecte	d?								
							Telephone No	()	
								,	
Address:								Postcode	
If property lost/stolen, has it be	een reported t	o police?						NO	YES
Police Station							Date Reported		
Police Officer				Time F	Reported		Report No		
What steps were taken to min	mise loss/dan	nage?							
Have you ever:									
a) had previous claims?								NO	YES
Details:									\/=0
b) been refused insurance?								NO	YES
Details:	any offenses?							NO	YES
c) been charged/convicted of Details:	any onences?							NO	TEO
Details.									
PARTICULARS IN RELATIO	N TO TUIDD I	DADTIES	(if applicat	No.					
DAMAGE TO PROPERTY	N TO THIRD	PARTIES	(ii applicat	ne)					
DAINIAGE TO PROPERTY	Name								
	Telephone No. ()								
Owner of other vessel	Address ()								
	, tuu. 555							Postcode	
							Reg		
Details of other vessel	Make o	of Hull					No		
Name of vessel					Name	of insurance con	npany		
Were you at fault?	NO	YES	Give rea	asons					
PARTICULARS IN RELATIO			(if applical	ole) - contin	ued				
Describe damage to other ves	sel, motor etc								
Cotimated as at af any aim									
Estimated cost of repairs Where is the vessel now?									
viriere is the vessernow?									
DECLARATION AND AUTUC	DICATION								
DECLARATION AND AUTHO		shove and	on the face	hereof if a t	rue and accura	te account of the	event sustained h	v Me/He and	that I/M/e have
I/We solemnly declare that the	information a	above and	on the face	hereof if a t	rue and accura	te account of the	e event sustained b	y Me/Us, and	that I/We have
	information a	above and ild be knov	on the face	hereof if a t	rue and accura	te account of the	event sustained b	y Me/Us, and	that I/We have
I/We solemnly declare that the	information a	above and Ild be knov	on the face	hereof if a t	rue and accura	te account of the	e event sustained b	y Me/Us, and	that I/We have