



**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**

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

**01. THE INSURED**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**02. The LOSS/INCIDENT**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Speed of Vessel: \_\_\_\_\_

For What Purpose was the Vessel being used? \_\_\_\_\_

Where did the Loss/Incident Occur? \_\_\_\_\_

**Who was in control of the Vessel at the time of the Loss/Incident?**

Name of Person: \_\_\_\_\_

Age of Person: \_\_\_\_\_

Address of Person: \_\_\_\_\_

Contact Number of Person: \_\_\_\_\_

**Skippers License (Please provide a copy):**

License No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**Independent witness to the Loss/Incident**

Name of Person: \_\_\_\_\_

Address of Person: \_\_\_\_\_

Contact Number of Person: \_\_\_\_\_

**03. Describe fully how the loss/damage occurred (include wind direction, tide, course of vessel(s), weather)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DIAGRAM OF CIRCUMSTANCES (Please include photographs if possible)

Where can the Vessel be inspected? \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

What Steps were taken to minimize less/Damage? \_\_\_\_\_

**04. THE VESSEL**

Description of insured vessel, motor, trailer

Name of Vessel? \_\_\_\_\_

Hull: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Dinghy: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Motor1: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Motor2: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Trailor: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Description of equipment (including sails if applicable)

\_\_\_\_\_  
\_\_\_\_\_

**Vessel Finance**

05. Is the vessel financial encumbered? Yes / No

If 'Yes', please give name and address of finance company

\_\_\_\_\_  
\_\_\_\_\_

06. **THIRD PARTIES - DAMAGE TO PROPERTY**

Description of insured vessel, motor, trailer

Name of Vessel? \_\_\_\_\_

Hull: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Dinghy: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Motor1: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Motor2: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Trailor: Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Reg/Serial no: \_\_\_\_\_

Description of equipment (including sails if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Third Party Name: \_\_\_\_\_

Third Party Address: \_\_\_\_\_

\_\_\_\_\_



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Third Party Contact Number: \_\_\_\_\_

Third Party Insurance Company: \_\_\_\_\_

Were you at Fault? Yes / No

If so, Kindly Provide Details

\_\_\_\_\_  
\_\_\_\_\_

Description of Damage to other vessel:

\_\_\_\_\_  
\_\_\_\_\_

Estimated cost of Repairs:

Where is the Vessel now?

\_\_\_\_\_

07. Have you previously suffered a loss? Yes / No

If so, kindly provide a full description of previous claims/ losses:

\_\_\_\_\_  
\_\_\_\_\_

08. Have you previously been refused Insurance? Yes / No

If so, kindly provide details:

\_\_\_\_\_  
\_\_\_\_\_

09. Have you been charged/convicted of any offence? Yes / No

If so, kindly provide details:

\_\_\_\_\_  
\_\_\_\_\_

10. Theft:



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- Was the loss or damage reported to the police: Yes / No
- If not, why not? \_\_\_\_\_
- If so, when and where? \_\_\_\_\_
- Police Case Number? \_\_\_\_\_

11. Are you the sole owner of the lost, stolen or damaged property? Yes / No  
If not, give particulars of other parties concerned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What is your estimate of the value of the entire contents at the time of the loss or damage?  
\_\_\_\_\_

11. Is the lost or damaged property insured under any other policy? Yes / No  
If so, give full particulars: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We warrant the truth of the answer to the above questions, and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above-stated occurrence.

Signed at ..... on this day .....

Signature of Insured: .....

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY**

**Kindly submit the following documents/information (as indicated) to us at your earliest convenience to give this claim our further consideration:**

- Priced claim
- Photographs of Damages
- Copy of Insurance Certificate
- Skippers License of Person operating the Vessel

TTM Risk (Pty) Ltd Reg.no. 2005/021322/07 VAT No: 4450224862  
An Authorized Financial Services Provider FSB No. 24875  
Directors: AD Leclezio (CEO), JA Leclezio



**NEW NATIONAL**  
ASSURANCE COMPANY

*People you can talk to.*

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**ttmrisk**

- Vessel License
- Case No. (If Applicable)
- Banking details in the event of settlement