



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

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