



# SAVANNAH MARINE

## COMMERCIAL HULL CLAIM FORM

<b>THE INSURED:</b>				
Insured's Name:				
Are you registered for VAT?	YES	NO	Vat No.:	
Address:				
	Postcode:			
Contact Number(s)	Business: ( )		Private: ( )	
	Facsimile: ( )		Mobile:	

<b>THE VESSEL:</b>									
		MAKE	MODEL NO.	YEAR BUILT	REG./SERIAL NO.:	HULL-LENGTH MOTOR HP	CONSTRUCTION	DATE PURCHASED	
Description of insured vessel, motor, trailer	Hull								
	Dinghy								
	Motor								
	Motor								
	Trailer								
Description of equipment (including sails if applicable)									
Name of Vessel									
Finance	Is the vessel financial encumbered?							NO	YES
	If 'Yes', please give name and address of finance company								
	Postcode:								

<b>THE LOSS / INCIDENT</b>									
Particulars of loss / incident	When did the loss / incident occur?			Date:		Time:		am/pm	
	Speed of vessel?								
	Where did the loss/incident occur?								
	For what purpose was vessel being used?								
Who was in control of vessel at the time of loss/incident	Person								
	Address								
		Postcode:							
Age		Telephone No.:							
	Licence No.:		Please attached photocopy		Expiry Date:				
State name and address of any independent witness to incident	Person	Telephone No				( )			
	Address								
How did loss/damage occur (include wind direction, tide, course of vessel(s), weather)?									

Constantia View Office Estate, Hogsback Road, Quellerina, 1729  
P.O. Box 1410, Allens Nek, 1737 • Tel: (011) 831 0720, Fax: (010) 596 0726

REG NO: CK 1989/015576/23 • VAT REG NO: 4410191789 • FSB NO: 16936

**THE LOSS / INCIDENT (continued)****DIAGRAM OF CIRCUMSTANCES (Please include photographs if possible)**

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**Where can vessel be inspected?**

	Telephone No	( )	
Address:			Postcode
If property lost/stolen, has it been reported to police?	NO	YES	
Police Station	Date Reported		
Police Officer	Time Reported	Report No	

**What steps were taken to minimise loss/damage?**


**Have you ever:**

a) had previous claims?	NO	YES
Details:		
b) been refused insurance?	NO	YES
Details:		
c) been charged/convicted of any offences?	NO	YES
Details:		

**PARTICULARS IN RELATION TO THIRD PARTIES (if applicable)****DAMAGE TO PROPERTY**

Owner of other vessel	Name			
	Telephone No.	( )		
	Address			
			Postcode	
Details of other vessel	Make of Hull		Reg No	
Name of vessel			Name of insurance company	
Were you at fault?	NO	YES	Give reasons	
Describe damage to other vessel, motor etc				
Estimated cost of repairs				
Where is the vessel now?				

**DECLARATION AND AUTHORISATION**

I/We solemnly declare that the information above and on the face hereof is 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

Insured's Signature		Date	
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