

WATERCRAFT CLAIM FORM

POLICY DETAILS

Broker :
Policyholder :
Policy Number :

WATERCRAFT DETAILS

Name of Watercraft :
Make and Material of Hull :
Year :
Listing/Registration Number :
Make and Model of Motor/s :
Inboard or Outboard/Single or Twin :
Horsepower and Serial Number :
Storage Address of Watercraft, when not in use :
Date of Purchase of Watercraft :
Is the Watercraft/ Watercraft subject to Hire Purchase or similar agreement?
If yes, please provide name of Finance Company :
Description and Value of Accessories normally sold with the Watercraft :
Trailer Make & Model :

EVENT DETAILS

Particulars of person in charge of Watercraft at the time of the loss/damage
Full Name :
ID Number :
Age of Pilot :
Occupation :
Residential Address :
Contact Number :
Valid Skippers Licence Number :
Expiry Date :
Category :
Where can the damaged Watercraft be inspected?
What was the Watercraft being used for at the time of the incident?
Was the Watercraft taking part in an official race, speed test or organised event?
Was the Watercraft used with the Policyholder's permission?
If no, please provide details :
Are you the sole owner of the property subject to the claim?
If no, please give details of other interested parties :
Is the property subject to claim insured elsewhere?
If yes, please provide details of insurer and policy number :

PASSENGER DETAILS

Please provide details of the passengers in the insured Watercraft:

Passenger 1
Name :
Address :
Contact Number :
Injuries, if any :
For what purpose were passengers being carried?
Are they employees?

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Passenger 2
Name :
Address :
Contact Number :
Injuries, if any :
For what purpose were passengers being carried?
Are they employees?

OTHER PARTY DETAILS

<i>Please provide details of damage to other Watercraft :</i>
Watercraft/Watercraft 1
Name and Address of Pilot :
Name and Address of Owner :
Contact Number :
I.D Number :
Make and Model of Watercraft :
Registration Number :
If the Watercraft is company owned, please advise of any signwriting :
Other Parties Insurance Details:
Damage to their Watercraft :
Watercraft / Watercraft 2
Name and Address of Pilot :
Name and Address of Owner :
Contact Number :
I.D Number :
Make and Model of Watercraft :
Registration Number :
If the Watercraft is company owned, please advise of any signwriting :
Other Parties Insurance Details:
Damage to their Watercraft :

WITNESSES

<i>Please provide details of witnesses:</i>
Witness 1
Witness Name :
Contact Details :
Where was this witness at the time of the incident?
Witness 2
Witness Name :
Contact Details :
Where was this witness at the time of the incident?

PROPERTY DAMAGE

<i>Please provide details of damage to property other than yours:</i>
Name and Address of Owner and /or Pilot :
Details of Damage:

WATERCRAFT CLAIM FORM PERSONAL INJURIES

Please provide details of personal injuries (other than in insured Watercraft):	
Injured Person 1	
Name :	
Contact Number :	
Injuries :	
Relationship to accident e.g. Pilot :	
Hospital :	
Injured Person 2	
Name :	
Contact Number :	
Injuries :	
Relationship to accident e.g. Pilot :	
Hospital :	

DETAILS OF ACCIDENT

Date of accident :
Time of accident :
Place of accident :
Speed on Impact(in Knots) :
Weather Conditions :
Visibility :
If accident took place at night, were Watercraft lights on?
If the Watercraft remains sunk or stranded, give position as accurately as possible :
Can Watercraft be recovered ?
Were any warning signals, audible or otherwise, given by you?
If yes, please provide details :
Police Case reference Number :
Police Station :
Date reported :
Did the Pilot consume Alcohol or Drugs?
Was the Pilot tested for Alcohol or Drugs?
If yes, result of test :
Can your Watercraft be safely piloted?

ACCIDENT INFORMATION


<i>Please provide us with a full description of the accident :</i>

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ACCIDENT INFORMATION

Please provide us with a sketch of the accident :

NB! Please indicate the following clearly

- a) Your Watercraft
- b) Other Watercraft/Objects
- c) Point of impact
- d) Direction of travel (using arrows)



WATERCRAFT CLAIM FORM

LICENCE SUBMISSION

I have attached a copy of my driver's licence and warrant that it is free of endorsements

Signature	Capacity
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YOUR INFORMATION

The information below is required in order to properly assess the Claim in question. We are aware that certain information disclosed to us may be deemed Personal Information in terms of the Protection of Personal Information Act 4 of 2013 (POPI) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with POPI.

We further hereby inform you that we may have to share your Personal Information with our service providers (loss adjusters, attorneys, investigators & other consultants/advisors) involved in assessing the Claim in accordance with your Insurance Policy.

Where necessary, we may also disclose your Personal Information, including potentially sensitive information about you, to other insurers, reinsurers, legal representatives and other consultants in order to protect the legitimate interests of the Insurer/Santam Ltd.

In addition, we may need to obtain certain information from other sources (such as the South African Police Service or a medical practitioner) but we undertake to advise you if/when we collect personal information from such other sources.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed and/or we may not be able to accept the claim.

You also have the right, in terms of POPI, to object (on reasonable grounds) to the processing of your Personal Information.

By signing this Claim Form, you acknowledge the purpose for which the information is collected and the manner in which it may be processed and accordingly provide your consent to the above stated use/dissemination/disclosure of your personal information.

WARRANTY

I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the particulars and statements given below are true and complete and contain all information known to me affecting the details of the claim.

I agree and understand that providing the incorrect information, inflating my claim or claiming for items that I did not own prior to the loss, is fraudulent, and will prejudice my claim.

Signature of Policyholder :	Date Signed :
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