

DRIVER INFORMATION

Person in control of the boat at time of loss/incident: Age:

Tel No: Boat Licence No: Exp. Date: Please include copy of COC

Have you, or the person in control of the boat, made a claim of any nature in the last five years: Y N

Details:

Have you been refused insurance in the last 5 years: Y N Details:

Have you been convicted of any offence in the last 5 years: Y N Details:

Is the boat Financed: Y N Details:

Is there any other insurance on the property under the claim: Y N Details:

Where can the damaged property be inspected: Estimated cost of repairs (attach quotes):

Have you been convicted of any offence in the last 5 years: Y N Details:

THIRD PARTY INSURANCE

If the claim includes a claim for Personal Injury or Property Damage to a Third Party, the following details are required:
 Third Party injured: Please provide details – Name/s, Address/es, Age/s and injuries sustained:

Owner of other vessel: Tel:

Address:

Details of other vessel: Make of hull: Reg No: Make of Motor:

Name of Insurance Company:

Name and addresses of any hospitals, etc. or doctors who treated Third Parties:

Was the scene of the incident attended by Police or other persons of authority: Y N Provide names and addresses in the block below:

If the claim is for damage to Insured's property arising out of a motor vehicle accident, the following details of the vehicle towing the Insured's property is required: Make of vehicle: Model Year: Reg no:

Is vehicle insured, name of Insurance Company:

Policy No: Contact No:

Driver of vehicle at time of accident: Drivers licence no:

Address: Postcode:

Details of the other vehicle involved in accident:

Name of owner: Tel:

Address of owner:

Name of driver: Drivers licence no:

Make of vehicle: Model Year: Reg no:

Is vehicle insured? Name of Insurance Company: Policy No:

DIAGRAM OF CIRCUMSTANCES

BANKING
DETAILS

Name of Bank: Branch: Account Number:
Type of Account Name of Account Holder:

DECLARATION

I hereby solemnly declare that the information above and on the face hereof is a true and faithful account of the event sustained by me and that I have not concealed anything which may be relevant to your consideration of this claim.

Declared At: Date:

Insured Signature: _____

Documents Required

- | | | |
|---------------------------------------|--|----------------------------|
| 1) 2 x Quotations | 3) SAMSA Certificate of Competence (COC) | 5) Any Third party details |
| 2) SAMSA Certificate of Fitness (COF) | 4) Photos of damage | |