

SAVANNAH MARINE

3 Rolina Avenue, Florida Glen, Quellerina, 1729 P.O. BOX 1410, Allens Nek, 1737 • Tel: (011) 831 0720, Fax: (011) 831 0726

COMMERCIAL HULL CLAIM FORM

THE INSURED:										
Insured's Name:										
Are you registered for VAT?			YES	NO	Vat No.:					
	Π		ITES	NO	vat No					
Address:									Postcode:	
Contact Number(s)	Business:		()			Private:	()			
	Facsimile:		()			Mobile:				
THE VESSEL:										
		MAKE	MODEL NO.	YEAR BUILT	REG./SERIAL NO.:	HULL-LEI MOTOR		CONS	STRUCTION	DATE PURCHASED
	Hull									
Description of insured	Dinghy									
vessel, motor, trailer	Motor									
	Motor									
	Trailer									
Description of equipment										
(including sails if										
applicable)										
Name of Vessel										
	Is the vessel financial encumbered?								NO	YES
Finance	If 'Yes', please give name and address of finance company									
i ilianoc										•
									Postcode:	
THE LOSS / INCIDENT	_	_		_		_	_		_	
THE EGGG/ INCIDENT	When did	the loss / inc	ident occur?		Date:	T		Time:	Г	am/pm
	Speed of		idorii occur :		Date.					аттрт
Particulars of loss / incident		the loss/inci	dent occur?							
	For what purpose was vessel being used?									
Who was in control of	Person									
vessel at the time of	Address								_	_
loss/incident			_						Postcode:	
011	Age				hone No.:			5 .	ı	
Skippers licence		nce No.:		Please atta	ached photocopy	()	Expiry	Date:		
	Person Address				Telephone No	()	<u>. </u>			
incident	Addiess								Postcode:	l
How did loss/damage occur	(include wi	ind direction.	tide. course of	vessel(s), we	eather)?				. 00.0000.	
	(,	,	(-),	,					

THE LOSS / INCIDENT (continued) DIAGRAM OF CIRCUMSTANCES (Please include photographs if possible)											
DIAGRAM OF CIRCUMS 17	ANCES (F	lease iliciuue	priotogr	арпъ	ii possibie)						
Where can vessel be inspec	cted?								Talanhana Na		
									Telephone No	()	
Address:										Postcode	
	property lost/stolen, has it been reported to police?								Data Danastad	NO	YES
Police Station Police Officer					Time Repor	ted			Date Reported Report No		
What steps were taken to m	ninimise lo	ss/damage?									
Have you ever:											
a) had previous claims?										NO	YES
Details: b) been refused insurance?										NO	YES
Details:										INO	TES
c) been charged/convicted of		nces?								NO	YES
Details:											
PARTICULARS IN RELATI	ON TO TH	IIRD PARTIES	if appli	icable)						
DAMAGE TO PROPERTY			`								
	Name Telephone No. ()										
Owner of other vessel	Address	10.	1	,							
									D 11	Postcode	
Details of other vessel Name of vessel	Ma	ke of Hull				Nan	ne of ins	urance com	Reg No		
Were you at fault?	NO	YES	Give rea	asons		1101	110 01 1110	didiloo com	pariy		
Describe damage to other v	essel, mot	tor etc									
_											
Estimated cost of repairs											
Where is the vessel now?											
DECLARATION AND AUTH	IODISATI	ON									
I/We solemnly declare that			nd on the	face h	ereof if a tru	e and accu	urate acc	ount of the	event sustained	by Me/Us, an	d that I/We have
not concealed anything mat											
Insured's Signature									Date		
modred a dignature									Date		4