

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.:					
Address:								Postcode:	
Contact Number(s)	Business:	()				Private:	()		
	Facsimile:	()				Mobile:			

THE VESSEL:									
		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:	

[illegible]

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

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