

# Watercraft

## CLAIM FORM



### BROKER DETAILS

Broker	Contact No
Contact Person	Email

### POLICY HOLDER DETAILS

Name & Surname	
ID No	Policy Number
Residential Address	
Contact No	Email

### WATERCRAFT DETAILS

Name of Watercraft					
Make and Model					
Material of Hull					
Year	Listing/Registration No				
Make and Model of Motor/s					
Inboard or Outboard/Single or Twin					
Horsepower and Serial Number					
Are you the sole owner of the property subject to the claim?					
Storage Address of Watercraft, when not in use					
Age of Watercraft					
Is the Watercraft subject to Hire Purchase or similar agreement?			Yes		No
If yes, please provide name of Finance Company:					
Description and Value of Accessories					
Trailer Make and Model					

## EVENT DETAILS

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Particulars of person in charge of Watercraft at the time of the loss/damage:

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

## DETAILS OF ACCIDENT

Date of accident	Time of accident		
Place of accident	Speed on Impact (in Knots)		
Weather Conditions	Visibility		
Where exactly was the watercraft at the time of the accident?			
If accident took place at night, were Watercraft lights on?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If the Watercraft remains sunk or stranded, give position as accurately as possible			
Can Watercraft be recovered?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Were any warning signals, audible or otherwise, given by you?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details:			
Police Case reference No			
Police Station	Date reported		
Was the Skipper tested for Alcohol or Drugs?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If yes, result of test:			

## DESCRIPTION OF ACCIDENT

## SKETCH OF ACCIDENT

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**PLEASE SUPPLY A SCANNED SKETCH OF THE ACCIDENT ALONG WITH THE COMPLETED CLAIM FORM.**

**NB! Please indicate the following clearly**

1. Your Watercraft
2. Other Watercraft/Objects
3. Point of impact
4. Direction of travel (using arrows)

## DAMAGE TO OTHER WATERCRAFT

Name of Skipper	
Address of Skipper	
Name of Owner	
Address of Owner	
Contact No	ID No
Make and Model of Watercraft	
Registration No	
If the Watercraft is company owned, please advise of any signwriting	
Other Parties Insurance Details	
Damage to their Watercraft	

## OTHER PROPERTY DAMAGE

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Name and Address of Owner and/or Skipper:

Details of Damage:

## PASSENGER DETAILS

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Please provide details of the passenger(s) in the insured Watercraft:

Name & Surname

Address

Contact Number

Injuries, if any

For what purpose were passengers being carried?

Are they employees?

## PERSONAL INJURIES

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Please provide details of personal injuries (other than in insured Watercraft):

### Injured Person 1

Name

Contact Number

Injuries

Hospital

### Injured Person 2

Name

Contact Number

Injuries

Hospital

## WITNESSES

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Please provide details of witnesses:

### 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?

## LICENCE SUBMISSION

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I have attached a copy of my skipper's licence and warrant that I have not been involved in previous boating incidents

Signature of Insured	Date
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## WARRANTY

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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 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 Skipper	Date
Signature of Policyholder	Date

## BANK DETAILS

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Bank	Account Holder
Branch Code	Account No
Signature of Account Holder	Date



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