



ASSOCIATED INSURANCE BROKERS

Reg No 2004/022911/07

33 Scott Street Waverley 2090 South Africa
P O Box 785063 Sandton 2146 South Africa
Telephone +27+(0)11 883 2400 Facsimile +27+(0)11 783 3664
e-mail claims@aib.za.com



YACHT AND POWERED CRAFT CLAIM FORM
ALL QUESTIONS MUST BE ANSWERED FULLY

IMPORTANT

BEFORE REPAIRS ARE PUT IN HAND IT IS NECESSARY TO OBTAIN THE COMPANY'S APPROVAL

FULL NAME OF OWNER:

ADDRESS:

..... CODE:

TELEPHONE NUMBER: POLICY NUMBER:

NAME OF VESSEL: TYPE:

WHO WAS IN CHARGE OF VESSEL AT THE TIME OF THE CASUALTY?

DATE OF CASUALTY

WAS THE VESSEL TAKING PART IN AN OFFICIAL RACE OR SPEED TEST?

PURPOSE FOR WHICH THE VESSEL WAS BEING USED AT THE TIME OF CASUALTY?

THEFT CLAIMS: PROVIDE POLICE CASE NUMBER AND POLICE STATION REPORTED TO:

DESCRIPTION (FULL DETAILS) OF HOW THE CASUALTY OCCURRED?

DAMAGE TO YOUR VESSEL

DETAILS OF DAMAGE (AN ESTIMATE OF PROBABLE COST SHOULD BE GIVEN)

WHERE CAN THE VESSEL BE INSPECTED?

WAS ANY PERSON INJURED OR ANY PROPERTY DAMAGED, GIVE DETAILS:

HAVE ANY CLAIMS BEEN MADE ON YOU?..... IF SO, STATE AMOUNT

NOTE: IF A CLAIM HAS BEEN RECEIVED FROM A THIRD PARTY SAME SHOULD MERELY BE ACKNOWLEDGED, STATING THE MATTER IS RECEIVING ATTENTION. DO NOT DISCLOSE THE FACT THAT INSURANCE EXISTS AND DO NOT ADMIT LIABILITY OR MAKE ANY OFFER OR PROMISE OF PAYMENT.

N.B. ALL **COMMUNICATIONS** FROM THIRD PARTIES SHOULD BE FORWARDED **IMMEDIATELY** TO THE COMPANY FOR ATTENTION.

WITNESS:
NAME AND ADDRESS (IT IS IMPORTANT THAT THESE BE OBTAINED)

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INSURANCE:
DO YOU HOLD MORE THAN ONE POLICY INDEMNIFYING YOU IN RESPECT OF THIS ACCIDENT?

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SALVAGE:
IF ANY SALVAGE SERVICES HAVE BEEN RENDERED, PLEASE GIVE FULL DETAILS THEREOF, INCLUDING NAMES OF THOSE WHO RENDERED SAME AND UNDER WHAT CIRCUMSTANCES.

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IS THERE ANY HIRE PURCHASE INTEREST? IF SO, WITH WHOM AND AMOUNT?

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I HEREBY DECLARE THAT THE ABOVE ANSWERS AND PARTICULARS ARE TRUE AND COMPLETE IN EVERY RESPECT.

SIGNATURE: DATE:.....

SKETCH PLAN