

WATERCRAFT ACCIDENT OR THEFT CLAIM FORM



Insured

Policy number	
Name of insured	
Tel (cellphone)	Tel (business)
Address	
Occupation	

Watercraft

Type of watercraft				
Hull details	Year	Make/model	Material of hull	
Value of Hull		Overall length (maximum 8 meters)		
Engine & Motors	Inboard	Outboard	Single	Twin
Year	Make/ model		Serial no	
Horsepower of each		Total value of engine/motor(s)		
Accessories normally sold with the watercraft				
Description				
Value of accessories				
Total value of watercraft (Hull, Engine/Motor(s) & Accessories)				

Damage

Damage to own watercraft
Estimate for repairs or attach quote
Repairers name address and telephone number
Where can your damaged watercraft be inspected?

Skipper

Full name	ID number
Address	
Occupation	Tel
Skipper licence number	Skipper licence date
Skipper licence place	
State fully the purpose for which the watercraft was being used	
Was the watercraft being used with your permission?	
Was the skipper in your employ?	
Has the skipper any watercraft insurance?	
If 'Yes', please state Policy number	Insurer
Details of any convictions for motoring offences relating to watercraft	
Does the skipper have any physical defects?	
Details of previous accidents	

Passengers details (in insured watercraft)

1. Name and surname	Address	Injury
	Email address	Tel
2. Name and surname	Address	Injury
	Email address	Tel
3. Name and surname	Address	Injury
	Email address	Tel
4. Name and surname	Address	Injury
	Email address	Tel
For what reason were they being transported?		
Are they employees?		

Other party details

Damage to other watercraft		
Name of owner & skipper		ID number
Tel	Email	Address
Details of damage		
Type of usage	Watercraft licence. No.	Make / Model

Other party details

Name of owner & skipper		ID number
Tel	Email	Address
Details of damage		
Type of usage	Watercraft licence. No.	Make / Model

Damage to property other than watercraft		
Name of owner		ID number
Tel	Email	Address
Details of damage		

Personal Injuries (other than in Insured watercraft)		
Name of injured		Relationship to accident e.g. skipper, passenger
Tel	Email	Address
Details of injuries		
Name of hospital (if applicable)		
Name of injured		Relationship to accident e.g. skipper, passenger
Tel	Email	Address
Details of injuries		
Name of hospital (if applicable)		

Witness

Name		Tel
Address		
Date	Time	Place
Name		Tel
Address		
Date	Time	Place

Theft

Where was the watercraft at the time of the theft?	
What precautions were taken to safeguard the watercraft?	
Who has the keys?	
State how, when and by whom the theft was discovered?	
Was the theft reported to the Police?	
Police station	Police case number

Theft

Details of Accessories stolen
Description of circumstances surrounding the Theft

Accident

Date	Time
Province	Suburb
Where exactly was the watercraft at the time of the accident	
If the watercraft remains sunk or stranded, please give position as accurately as possible	
Can the watercraft be recovered?	
Weather conditions at the time of the accident	
Visibility at the time of the accident	
What was the cruising range at the time of the Accident <ul style="list-style-type: none">- Inland waters of territorial limits- Coastal waters of territorial limits, within 20kms of the coastal or legal limitations	
Was any warning e.g. hooting, indication etc. given to you?	
Please state how, when and by whom the accident, loss or damage was discovered?	
Was the accident reported to the Police?	
Police Case number	Police station
Was the skipper tested for alcohol or drugs?	Result of test

Accident

Description of accident

Sketch of Accident (if necessary, please use a separate page).
Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any safety or warning signs in the vicinity of the scene of accident.

Declaration

Information Sharing Declaration

It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database and used by other insurance companies as explained above. This includes information regarding the renewal or continuation of your policy or any claim that you may submit;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete.

I/We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:

Declaration

Processing Consent: By making use of our services, products and service channels, I explicitly agree and consent that MUA may process my personal information (which includes special personal information) for the purposes as described in the Privacy and Security Policy . Please note that if you are acting on behalf of the proposer / policyholder in any capacity, by signing, you explicitly confirm that you have the written/recorded authority and/or mandate to act on their behalf.	
Signature of skipper	Date
Signature of insured	Date
Capacity	
NB. It is important that you notify Insurers immediately you become aware of any impending prosecution, inquest or demand	

Claim Payment

Claim payment will be made into the account from which we collect premium.
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