

# WATERCRAFT ACCIDENT OR THEFT CLAIM FORM



## Insured

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

## Watercraft

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

## 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<br>e.g. skipper, passenger |
| Tel                                                  | Email | Address                                             |
| Details of injuries                                  |       |                                                     |
| Name of hospital (if applicable)                     |       |                                                     |
| Name of injured                                      |       | Relationship to accident<br>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                                                                                                                                                                                                                |                |
| <b>What was the cruising range at the time of the Accident</b> <ul style="list-style-type: none"><li>- Inland waters of territorial limits</li><li>- Coastal waters of territorial limits, within 20kms of the coastal or legal limitations</li></ul> |                |
| 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.