

Yacht and powered craft Claim Form



Zurich Insurance Company South Africa Limited
Registration number: 1965/006764/06 VAT number: 4530103581
15 Marshall Street, Ferreirasdorp, Johannesburg, 2001
PO Box 61489, Marshalltown, 2107
Authorised Financial Services Provider

All questions must be answered fully

Important Before repairs are put in hand it is necessary to obtain the Company's approval.			
Full na	me of owner		
Addre	55		Code
Teleph	one number	Policy number	
Name	of vessel	Туре	
Who v	vas in charge of the vessel at the time of the casualty?		
Date o	f casualty and time		
Was th	ne vessel taking part in an official race or speed test?		
Purpos	se for which the vessel was being used at the time of casual	ty?	_
Theft o	claims: Provide police case number and police station report	ed to	
Descri	otion (full details) of how the casualty occurred		
-			
	Dama	age to your vessel	
Details	of damage (an estimate of probable cost of damage should	d be given)	
Where	can the vessel be inspected?		
Was ar	ny person injured or any property damaged? If so, give deta	ils	
Have a	ny claims been made on you?	If so, state amou	unt
Note:	If a claim has been received from a third party, the same sh Do not admit liability or make any offer or promise of pay		e matter is receiving attention.
N.B.	All COMMUNICATIONS from third parties should be forward		ntion.

Witness			
Names and addresses (it is important that these should be obtained)			
-			
Insurance			
Do you hold more than one policy indemnifying you in respect of this accident?			
Salvage			
If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what			
circumstances.			
Is there any hire purchase interest? If so, with whom and how much?			
is there any fine purchase interest:			
I hereby declare that the above answers and particulars are true and complete in every respect.			
Signature Date			
Sketch plan			