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NAUTICAL
A DIVISION OF NNAC

New National Assurance Company Limited
FSP number: 2603

HULL AND WATERCRAFT CLAIM FORM

Policy Number: _____

Insured Name: _____

ID. Number: _____

Physical Address: _____

Area Code: _____

Telephone Numbers:

Business: _____

Home: _____

Cell Number: _____

Email: _____

PERSON IN CHARGE AT TIME OF THE LOSS

Name: _____

ID Number: _____

Physical Address: _____

Area Code: _____

Telephone Numbers:

Business _____

Home: _____

Cell Number: _____

Email: _____

CONFIDENTIAL

1. Was he/she in the employment of the Insured at the time of the Incident? Yes/No If Yes, state how long?

_____

2. Is he/she a family member or a member of the Insured's immediate household? Yes/No Has any Insurer refused him/her insurance or imposed special conditions? Yes/No If Yes, give explanation:

_____

DETAILS OF THE VESSEL

1. Name:

_____

2. Type and/or Class:

_____

3. Crew carried:

_____

4. Year of manufacture:

_____

5. Length:

_____

6. Designed Speed:

_____

7. Horsepower Motors:

_____

8. Replacement Value:

_____

9. Sum Insured:

_____

10. Purchased - From:

_____

11. Purchased - When: _____

12. Amount Paid: _____

DAMAGES TO THE VESSEL

1. Description: _____
2. Amount Quoted to Repair: _____
3. Quoted Repairer Name: _____
4. Contact Numbers: _____
5. Damages to Trailer: _____
6. Description of Damages: _____
7. Amount Quoted: _____
8. Repairer Name: _____
9. Contact Numbers: _____

DETAILS OF INCIDENT:

Date: _____

Time: _____

Place: _____

Estimated Speed of vessel at the time of the accident? _____

Visibility? _____ Wet or Fine Weather? _____

IF THE ACCIDENT TOOK PLACE AT NIGHT, WERE LIGHTS EXHIBITED BY:

Insured's Vessel: _____

Other Vessel: _____

What signals, Audible or otherwise were given? _____

Who in your opinion was to blame? _____

Was any statement as fault made by the person in charge of the vessel or by any other person?

_____

State exactly the purpose for which the vessel was being used at the time of the accident?

_____

Was the accident reported to the police? Yes/No

POLICE STATION: _____ **CONTACT NUMBER:** _____

CASE NUMBER: _____ **DATE REPORTED:** _____

If the vessel remains sunk or stranded give position as accurately as possible:

_____

_____

Can the vessel be recovered? _____

IN CASE OF THEFT, STATE:

How? _____

When? _____

By Whom? _____

What precautions were taken to safeguard the property?

_____

Where was the vessel parked? _____

Was the Theft reported to the police? Yes/No

POLICE STATION: _____ **CONTACT NUMBER:** _____

CASE NUMBER: _____ **DATE REPORTED:** _____

PROVIDE A FULL DESCRIPTION OF CIRCUMSTANCES SURROUNDING THE LOSS, DAMAGE, ACCIDENT OR THEFT

_____
_____
_____
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_____

OTHER PARTY(IES) INVOLVED IN THE INCIDENT

Name of other party:

_____

Address:

_____

Contact Details:

Business: _____ Cell: _____

Email _____

Insurance Company: _____

Policy Holder Name: _____

Policy Number: _____

WITNESSES

1. Name: _____
   Contact No: _____

2. Name: _____
   Contact No: _____

3. Name: _____
   Contact No: _____

SALVAGE OF VESSEL

Name of salvage contractor: _____

Contact Number: _____

Amount for Salvage: _____

Where can the Vessel/Trailer be assessed?

Contact Person: _____

Contact Number: _____

Location: _____

Quote Number: _____ Quote Amount: _____

Is the vessel/trailer uneconomical to repair? _____

Vessel: Yes/No

Quoted Replacement Amount: _____

Trailer: Yes/No

Quoted Replacement Amount: _____

Salvaged Offered: Yes/No

Salvage Amount: _____

MEDICAL EXPENSES

If emergency attendance upon the Insured or his family was necessary as a result of the vessel sinking or being in a collision?

Who attended? _____

Who was treated? _____

Nature of injuries? _____

Amount of expenses? _____ Paid: Yes/No

Damage or injuries to other party/property? Yes/No

Please state nature of damage to property: _____

Nature of injuries to other party: _____

IF A CLAIM HAS BEEN OR IS LATER MADE AGAINST THE INSURED OR ANY COMMUNICATION IS RECEIVED RELATING TO A CLAIM, INTENTED PROSECUTION, INQUEST OR INJURY, IT MUST IMMEDIATELY BE SENT TO THE NAUTICAL UNDERWRITING MANAGERS WITH FULL PARTICULARS. DO NOT ADMIT LIABILITY OR MAKE ANY OFFER OR PROMISE OF PAYMENT.

PROVIDE FULL DETAILS OF:

Previous losses, if any

_____

_____

Other insurance covering the same property and/or liability

_____

_____

_____

Hire purchase or similar agreements

Amount Owing: R_____ To Whom: _____

Agreement Number: _____

DECLARATION, I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of circumstances relating to the claim and I undertake to render to Nautical Underwriting Managers every assistance in my power in dealing with the claim. I also declare that there is no other Insurance under which a claim can be made and that I am the sole owner of the Insured vessel and other specified property

SIGNED AT _____ THIS _____ DAY OF _____ 202__

SIGNATURE: _____

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

THE FOLLOWING DOCUMENTATION TO BE INCLUDED WHEN SUBMITTING THE COMPLETED CLAIM FORM:

Description	Attached
Repair and/or Replacement Quotations	
Copy of Registration Papers	
Roadworthy Certificate for trailer (if applicable)	
Vessels Seaworthy Certificate (if applicable)	
Skippers Certificate of Competency as applicable	
Skippers Identity Document	
Owner/Insureds Identity Document	
Sketch of Incident (if applicable)	
Salvage Invoice (if applicable)	
Any other documents relating to the loss	