

# MARINE

## Claim Form

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### DETAILS OF BROKER

Broker name

Contact

Broker reference

Telephone number

### Important

Before repairs are put in hand it is necessary to obtain the Company's approval.

### DETAILS OF CLAIMANT

Full name of owner

Address

Telephone number

E-mail address

Name of vessel

Type of vessel

Who was in charge of the 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 used at the time of casualty?

Theft claims: Provide case number and police station reported to:

Description (full details) of how the casualty occurred:

Details of damage (an estimate of probable cost of damage should be given)

[Redacted area]

Where can the vessel be seen?

[Redacted area]

Was any person injured or any property damaged? If so, give details.

[Redacted area]

Have any claims been made on you?

[Redacted area]

If so, state amount

[Redacted area]

Note: If a claim has been received from a Third Party, the same should be merely acknowledged, stating that the matter is receiving attention. Do not admit liability or make any offer or promise of payment.

NB: All **COMMUNICATIONS** from third parties should be forwarded **IMMEDIATELY** to the Company for attention.

## WITNESS

Names and addresses (it is important that these should be obtained)

[Redacted area]

## INSURANCE

Do you hold more than one policy indemnifying you in respect of this accident?

[Redacted area]

## SALVAGE

If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances.

[Redacted area]

Is there any hire purchase interest?

If so, with whom and how much?

## DECLARATION

I/we declare that the answers given above are true and correct and I/we have not withheld any information or details of previous claims or other material fact likely to affect acceptance of this claim.

I understand that I may be liable for output VAT in terms of the Value-Added Tax Act, 10 of 2000.

Signature of Claimant

Date

Print name

Position

### Cape Town

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### Gauteng

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### Windhoek

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