



Smallcraft Claim Form
(Delete sections not applicable)



Take us with you

Underwritten by Hollard Insurance Company Limited | Cross Country is an Authorized Financial Services Provider 39547
Registration number: CK 2008/013847/07 | VAT Number: 4020252203 | Cross Country Insurance Consultants (PTY) LTD

IMPORTANT: Before repairs are put in hand it is necessary to obtain the Company's approval	
Policy Number	
Insured	
Full name of owner	
Home address	
Telephone number (Day)	
Name of vessel	
Type	
Who was in charge of the vessel at the time of incident?	
Date, time and place of incident	
When was this loss discovered?	
Was the vessel taking part in an official race or speed test?	
Purpose for which vessel was being used at the time of incident?	
Theft claims: Provide details of police station, case number and date reported	
Description (full details) of how the incident occurred	
Sketch Plans	

SAMSA report completed?		Yes		No		
Details of Third Party		Contact number				
		Address				
Witness						
Names and address (it is important that these should be obtained)						
Damage to your vessel						
Details of damage (an estimate of probable cost of damage should be given)						
Where can the vessel be inspected?						
Was any person injured or any property damaged? If so, give details						
Have any claims been made on you? If so, state amount						
<p>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</p> <p>N.B. All COMMUNICATIONS from third parties should be forwarded IMMEDIATELY to the Company for attention</p>						
Insurance						
Do you hold more than one policy indemnifying you in respect of this accident?						
Hire purchase interest						
Is there any hire purchase interest? If so, with whom and how much? Account Number						
Payment method						
You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.						
Name of bank					Branch	
Name of Acc.					Acc. No.	
Declaration						
I/We hereby declare that the above answers and particulars are true and complete in every respect.						
Insured signature		Capacity			Date	
Last Skipper		Capacity			Date	

