



Cross Country Insurance Consultants (Pty) Ltd
Underwritten by Renasa Insurance Company Limited
Cross Country is an Authorised Financial Services Provider 39547
Registration Number: 2008/013847/07 | VAT Number: 402052203
Tel No: 011 215 8800 | Fax No: 011 476 8205 | website: www.ccic.co.za

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					
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					
N.B. All COMMUNICATIONS from third parties should be forwarded IMMEDIATELY to the Company for attention					
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 Account				Account 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	

