

Smallcraft Claim Form (Delete sections not applicable)



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: 4020252203
Tel No: 011 215 8800 | Fax No: 011 476 8205 | website: www.ccic.co.za

IMPORTANT: Before repairs ar	e put in hand it is necessary to obtair	n the Company's approval
Policy Number		
	Insured	
Full name of owner		
Home address		
Telephone number (Day)		
Name of vessel		
Туре		
Who was in charge of the ve	ssel at the time of incident?	
Date, time and place of incid		
When was this loss discovered		
	an official race or speed test?	
Purpose for which vessel was	being used at the time of	
incident?		
	f police station, case number	
and date reported		
Description (full details) of ho	w the incident occurred	
	Sketch Plan:	
	3keich Flan	

SAMSA report completed?	Yes	No							
Details of Third Party	Contact nur	mber							
	Address								
			Witn	ess					
Names and address (it is impor	tant that thes	ie							
should be obtained)									
		Dan	nage 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 of	on you? If so, s	state ar	mount						
Note: If a claim has been rece	ived from a th	ird par	ty, the sc	me should be merely acknow	wledged, stating that the				
matter is receiving attention. Do not admit liability or make any offer or promise of payment									
N.B. All COMMUNICATIONS from	m third parties	s should	d be forw	arded IMMEDIATELY to the Co	ompany for attention				
			Insur	ance					
Do you hold more than one po	olicy								
indemnifying you in respect of this									
accident?									
		Hire	purcho	use interest					
Is there any hire purchase inter	est? If so, with	١ 📙							
whom and how much?									
Account Number									
		Р	ayment	method					
You may select, for added sec	urity, paymer				ank account. Please specify				
the name of the bank, branch	, name of acc	count c	and acco	ount number.					
Name of bank				Branch					
Name of Account	Account			Account No					
			Decla	ration					
I/We hereby declare that the o	above answer	rs and p	particula	rs are true and complete in e	very respect.				
lacure deign ature				Canacity					
Insured signature				Capacity					
					Date				
Last Skipper				Date					

Statement of Property Lost, Stolen or Damaged

N.B. - Claims in respect of damage to buildings must be accompanied by a builder's estimate. Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance.

Please refer to the Consent Clause on the policy schedule for more details in this regard.

Amount Claimed														
Deduction for wear	and rear or depre- ciation or value of salvage													
Value														
From whom purchased or acquired														
Date acquired														
Description of property														
Number														