

PLEASURE-CRAFT CLAIM

Please write in BLOCK LETTERS and choose correct answer boxes.
Please remember to sign the Declaration at the end of the form.

Policy number _____

1. GENERAL DETAILS

Full name of Claimant _____

State: Mr, Mrs, Miss _____ ID number _____

Surname _____

Forenames _____

Contact numbers Telephone _____ Fax _____ Cell _____

Occupation in full _____

Full postal address _____

Postal code _____

Date of loss _____

Was vessel taking part in an official race or speed test YES NO

Who was in charge of the vessel at the time of casualty/theft _____

Full description of how, when and where the casualty/theft occurred _____

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

Where can the vessel be inspected _____

Was any person injured or any property damaged – give details. YES NO

Have any claims been made on you – if so, state amount. YES NO

R _____

Witness: Name and address (it is important that these should be obtained) _____

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

Have the police been notified YES NO

Date _____ Police station _____ Reference number _____

2. DETAILS OF THE CRAFT

Type of craft	Racing dinghy	Sailboard	Speed boat	Catamaran
Other small craft				
Length			Feet	
Inches			Breadth	
Depth			Gross tonnage	
If racing dinghy, please state class			and sail number	

3. DETAILS OF MOTOR

Does the craft have an inboard motor	YES	NO
If YES, please state horsepower		
Does the craft have an outboard motor	YES	NO
If YES, please give details below:		
Make/Model	Serial number	Year of manufacture
1)		
2)		

4. VALUE OF ITEMS INSURED

Present value of craft (excluding items below)		R
Present market value of each outboard motor	R	R
Present value of trailer		R
Present value of life jackets and buoyancy aids		R
TOTAL value to be insured		R

5. LOCATION OF THE CRAFT

Is the craft kept ashore at all times when unattended	YES	NO
If YES, please give details of where and how stored		
If NO, please give full details of where and how moored		

6. NAVIGATION LIMITS

1. Inland waters, harbours and bays of the Republic of South Africa	YES	NO
2. Inland waters, harbours and bays of the Republic of South Africa including whilst the vessel is negotiating or attempting to negotiate river mouths	YES	NO
3. Inland and coastal waters of the Republic of South Africa up to:		
a) 1 nautical mile offshore	YES	NO
b) 12 nautical miles offshore	YES	NO
c) 50 nautical miles offshore	YES	NO
d) 100 nautical miles offshore	YES	NO
4. Other (please state)		

7. CLAIMS EXPERIENCE

Have any accidents or losses occurred in the past three years in connection with any craft owned or sailed by you

YES

NO

If YES, please give date and amount of each accident or loss:

Date	Amount	Details
	R	
	R	
	R	

8. FINANCE INTEREST

Does any finance company have an interest in the craft to be insured

YES

NO

If YES, please give:

Name

Address

Agreement number

Signed

Date

Declaration: I hereby declare that, to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the Insurers in regard to this claim.

Note: If a claim has been received from a third party the same should be merely acknowledged, stating the matter is receiving attention. Do not disclose the fact that insurance exists and 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

INFORMATION SHARING CONSENT OF INSURED

You agree to share your information

Your personal information is valued by us and we respect your constitutional right to privacy. We are committed to processing your personal information in accordance to relevant legislation. We are bound by the terms and provisions of the Protection of Personal Information Act No 4 of 2013 ("POPI") regarding the acquisition, usage, retention, transmission and deletion of your personal information.

Please be advised that your personal information herein provided by you or collected is for the primary purpose of assessing and processing your claim in respect of the loss/damage, to the insured property, which you have suffered. The information submitted on this document is subject to verification and shall be authenticated using lawful procedures. Your information shall be used in complete lawful form and manner to execute all tasks required for efficient assessment and processing of your claim. Your information shall be kept confidential; however, we shall disclose it to certain third parties in accordance with the purpose of collection. The third parties may include our service providers, agents, claim handlers, investigators, credit bureaus, Insurance Crime Bureau and other insurers.

The lawful sharing of your personal information with other Insurance companies is for the following reasons:

- to ensure that not more than one claim has been made for the same damage/loss to property arising from the same set of facts
- to verify that claims information match what was provided when insurance cover was taken out
- if necessitated to act as a basis for investigating claims when our recorded information is incorrect or when we suspect fraudulent activity.

Smartsure undertakes to attend to all that is necessary to detect and prevent fraud thus protecting our clients. Smartsure, therefore shall utilise and disclose your personal information where essential to substantiate your claim. All third parties are fully aware and understand the purpose for which the information is being transmitted to them. No third party including Smartsure shall use your personal information for any other purpose unless expressly consented to by you. We have implemented security measures to safeguard your personal information against damage loss and unauthorised access. Any party to whom your personal information is being disclosed to is also bound by confidentiality and the provisions of POPI, whereby security measures are enforced to safeguard your personal information.

In terms of POPI we are required to collect and process information which is authentic and accurate. You may amend, update, change or correct your personal information processed by us. You may request to view your personal information held by us and we shall make same available to you. We also store your information for the period prescribed by the Applicable Laws.

Declaration

You hereby give consent to Smartsure to process, use, share and retain your personal information for its designated purpose. You fully understand the purpose for which your personal information has been collected and you duly consent thereto. You further consent to the lawful sharing and disclosure of your information and understand the necessity of same. You indemnify Smartsure from any claims resulting from disclosures made with your consent.

You are fully aware and understand your rights duties and obligations to furnish Smartsure with true and accurate information and your duty to advise Smartsure of any changes to your personal information timeously. The said consent is given to Smartsure with the necessary legal capacity, voluntarily and free of intimidation and duress of any form.

I/ we hereby declare the foregoing particulars to be true in every respect.

Full name of insured/claimant Date

Signature of insured/claimant Date