

CLAIM FORM

POLICY NUMBER

GENERAL DETAILS

Full name of Claimant

Title

ID number

Surname

Forenames

Contact numbers

Telephone

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

PLEASURE-CRAFT CLAIM

DETAILS OF THE CRAFT

Type of craft	RACING DINGHY	SAILBOARD	SPEED BOAT
Other small craft			
Length	Feet		
Inches	Breadth		
Depth	Gross tonnage		
If racing dinghy, please state class and sail number			

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

VALUE OF ITEMS INSURED

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

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

NAVIGATION LIMITS

Inland waters, harbours and bays of the Republic of South Africa	YES	NO
Inland waters, harbours and bays of the Republic of South Africa including whilst the vessel is negotiating or a emptying to negotiate river mouths	YES	NO
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
Other (please state)		

PLEASURE-CRAFT CLAIM

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
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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

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