



Holburn Insurance Brokers

Unit 4 Tasica House, 12 Charles Way, PO Box 497, Kloof 3640 | Tel 031 764 3870 | Fax 086 521 4377 | [www.holburn.co.za](http://www.holburn.co.za)  
Established 1983 | FSP Licence No. 30634

## Yacht and Powered Craft Claim Form

All questions must be answered fully

**IMPORTANT: Before repairs are put in hand it is necessary to obtain the Company's approval**

Insured	Name			
	Address			
	Telephone No.	(H)		(W)
	Identity Document No.			
	Name of Vessel			
	Type of Vessel			
	Who was in charge of the vessel at the time of casualty?			
	Was the vessel taking part in an official race or speed test?			
Purpose for which vessel was being used at the time of casualty?				
Loss / Damage Occurrence	Date and Time of Loss / Damage			
	When was Loss / Damage discovered?			
Loss / Damage Place	Place where loss / damage occurred	(a)		(b)
	Details of Third Party			
	Purpose of occupation			
Cause of Loss / Damage	Describe fully how the Loss or Damage occurred stating how (if applicable) entry was gained to the premises			
	If Loss / Damage caused by or to another party give name and address		By Another Party – To Another Party –	
Previous Loss / Damage	Have you previously suffered a Loss / Damage?			
	If so, give details			
	If insured, provide name of Insurer			

<b>Police</b>	Police Reference No.		
	Station and Date reported		
<b>Other Insurer</b>	Has any other party an interest in the insured property, eg, Credit Agreement		
	If so, give name and interest		
<b>Other Insurance</b>	Is there any other insurance covering this Loss?		
	If so, give name of Insurers		
<b>Value</b>	Estimated total of all the property, Insured under the policy		
	When Last Valued?		
<b>Payment Method</b>	Payment Method : You may select, for added security, payment of any amount due to you directly into a Bank Account. Please complete details below.		
	Name of Bank:-	Name of Account:-	
	Type of Account:- Branch:-	Account Number:- Branch Number:-	
<b>Declaration</b>	I/We solemnly declare that I/We have suffered a loss of or damage to the property enumerated and that the said property was in my/our possession prior to the said loss/damage which occurred in the circumstances described above.  Insured's Signature ----- Date -----		
<b>Quantity</b>	<b>Description of Property</b>		<b>Amount Claimed</b>

Value

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY**