

## Watercraft Claim Form

The information that is sought herein is not intended to be an exhaustive list and Vanguard Marine & Leisure accordingly reserves its right to request any further information it deems appropriate while investigating the claim

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

<b>Policy no.</b>		
<b>Insured</b>	Full name of owner	
	Home address	
	Telephone number (Day)	
	Name of vessel	
	Who was in charge of the vessel at the time of the casualty?	
	Date and time of casualty	
	Was the vessel taking part in an official race or speed test?	
	Purpose for which the vessel was being used at time of casualty?	
	Estimate for repairs or attach quotation	
	Theft claims: Provide details of police station, case no. and date reported	
	Description (full details) of how the casualty occurred	
	Details of Third Party	
<b>Damage to your vehicle</b>	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**

<b>Witness</b>	

Insurance	Do you hold more than one policy indemnifying you in respect of this accident?	
Salvage	If any salvage services have been rendered, please give full details thereof, including names of those who rendered same and under what circumstances.	
Hire purchase interest	Is there any hire purchase interest? If so, with whom and how much?	
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	Acc. No.
Declaration	I/We hereby declare that the above answers and particulars are true and complket in every respect	
	Insured signature	Date
Sketch plan		