

McCrystal Insurance Brokers (Pty) Ltd

Short Term Insurance Brokers and Advisors

PO Box 1704, Pinetown, 2123
38 Dover Street, Ferndale, 2194
FSP Number 13888

Tel: 0860 222 552
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PRIVATE PLEASURE CRAFT THEFT CLAIM FORM

Policy Number _____
Full Name of Owner / Insured _____
Age _____ ID Number _____
Residential Address _____

Postal Address _____ Postal code: _____

Contact details: _____ (Work) _____ (Home)
_____ (Email) _____ (MobileCellular)

Date of theft: _____ Place of theft: _____

Details of Vessel / Jet Ski

Make :	_____	Model:	_____
Year :	_____	Serial No:	_____
Engine Make:	_____	Engine Model:	_____
Engine HP:	_____	Serial No:	_____
Trailer Make:	_____	Reg No:	_____

Full detailed description of theft:

Police station reported to : _____ Case Number _____
(In the event of theft and/or liability claims, notice must be given to the Police within 24 hours.)

I HEREBY DECLARE THAT THE ABOVE ANSWERS AND PARTICULARS ARE TRUE AND COMPLETE IN EVERY ASPECT.

Signature: _____ Date: _____

Director: Elton Solms
FSP Number 13998, Reg: 2000/026220/07