

Hull/Pleasure Craft Claim Form

The issue of this form does not constitute an admission of liability on the part of the insurer.

Insured

Full Name		
Street Address		
Suburb/City	State	Postcode	
Home Phone	Email	
Work Phone	Work Fax	Mobile
Are you registered for GST purposes?	Yes	No
Have you claimed an input tax credit on the GST amount applicable to this policy?	Yes	No
Specify the percentage amount claimed %		
What is your Australian Business Number (ABN)?		

Policy Details

Policy Number	<input type="text"/>	Expiry Date	<input type="text"/>
Vessel Name	<input type="text"/>	Registration	<input type="text"/>

Accident Details

Location Date Time

Weather Conditions

Sea Conditions

For what purpose was the vessel being used at the time of the accident? (Tick where applicable)

Hire Business Pleasure
Racing Road Transit

Waterborne Accidents

Speed of vessel at time of accident (power vessels only)

Were skiers being towed? Yes No and if so, how many

Explain fully how accident occurred (sketch may be attached)

Helmsman/Driver (Person in charge at time of accident)

Full Name Age

Street Address

Suburb/City State Postcode

Work Phone Work Fax Mobile

Home Phone Email

Relationship to Insured (if applicable)

Boating Licence Class How long has the licence been held?

Has the licence ever been endorsed or suspended,
or the Helmsman/Driver convicted of any Maritime offence?

Yes

No

If Yes, please give details.

Details of Loss or Damage (a quotation for repair will be required)

Estimate of Loss

\$

Where can the vessel be inspected?

Contact Name

Phone Number

In your opinion was the accident your Helmsman's/Driver's fault?

Yes (a) Why

(b) Have any claims been made on you?

No (a) Who was to blame

(b) Did such person admit any liability?

Note: No liability of any sort shall be admitted nor any promise or offer of payment made by the Insured to claimants, nor legal expenses incurred, without the written consent of the Insurers who shall be entitled, if they so desire, to take over and conduct in the name of the insured the defence of any action or to prosecute any claim for indemnity or damages or otherwise against any third party.

The Insured also undertakes to send to the Insurers as soon as possible all claims, letters, summonses or writs relating to any accident addressed to the Insured or the Insureds' servants by the authorities or by third parties.

Names of any independent witnesses

Full Name of Witness	Address	Phone

Police Report

Was the incident reported to the Police or Maritime Authorities? Yes No

Did you sign a statement? Yes No

Officer's Name Number

Stationed At

Has any action been taken or threatened? Yes No

If Yes, against whom?

EFT DETAILS

In the event the claim is successful and the Insurer can settle via ETF please provide the below details

Account name	<input type="text"/>
BSB	<input type="text"/>
Account number	<input type="text"/>

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/We have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date:

Signature: