

PLEASURE CRAFT / HULL CLAIM FORM



**The Issue of this Form is not an Admission of Liability
by Insurer**

Policy # :

Claim # :

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

THE INSURED

Surname _____ Other Names _____ Mr, Mrs, Miss, Ms

Address _____

Post Code _____

Occupation _____

Phone Private _____ Business _____

Fax No. _____ Mobile _____

Email _____ Contact Name _____

Are you registered for GST?

No Yes >What is your ABN?

	:		:		:		:		:		:		:		:		:		:
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Have you claimed an input tax credit on the GST amount applicable to this policy?

No Yes >Is the amount claimed less than 100% No Yes >Specify amount

Of the GST applicable to the premium? claimed: %

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

No Yes >Is the amount claimable No Yes >Specify amount

less than 100% claimed: %

THE VESSEL / CRAFT

Policy Due Date _____ / _____ / _____

Description of the Insured Vessel: Hull _____ Reg. No. _____

Motor _____ Serial No. _____

Trailer _____ Reg. No. _____

PARTICULARS OF LOSS / DAMAGE

Date of Loss or Accident _____ / _____ / _____

Location at time of Loss or Accident _____

Describe purpose for which vessel was being used at time of Accident _____

Were you, as the Insured, in charge of the vessel at time of Accident? No Yes

If NOT – who was in control? _____

Was the driver of the vessel licensed at the time of the Accident or Loss? No Yes

Have you or the person to whom the vessel was entrusted ever-suffered previous claims? No Yes

If yes, give details _____

Is there any other insurance on the Property under this claim? No Yes

Give Details _____

If Property Stolen or Lost give date police advised _____ / _____ / _____
and the station (in all cases police must be advised immediately) _____

Is the Property under Hire Purchase or otherwise encumbered? No Yes

Give Details _____

Give details of Loss or Damage sustained and attach written quote of cost of repairs.

Where can Insured Property be Inspected? _____

Describe how the loss, theft, damage and / or personal injury occurred.

Diagram of Circumstances.
(Please include photos if available)

**PARTICULARS OF LOSS RELATING TO ROAD ACCIDENT
AND / OR THIRD PARTY DAMAGE ON ROAD OR WATER**

If claim is for **Damage to Insured's Property** arising out of a Motor Vehicle Accident, the following details of Vehicle towing insured's property are required

Make of Vehicle and Year _____ Reg. No. _____
If Vehicle Insured, Name of Insurance Co. _____ Policy No. _____
Driver at time of Accident _____ License No. _____
Address _____
_____ Post Code _____

Details of other Vehicle involved in the Accident:

Name of Owner _____ License No. _____
Address _____
_____ Post Code _____

Name of Driver _____ License No. _____
Address _____
_____ Post Code _____

If vehicle Insured, Name of Insurance Company _____
Policy No. _____ Expiry Date _____

If this claim includes a claim for Personal Injury or Property **Damage to a THIRD PARTY**, the following details are required:

Third Parties injured (Name/s, Address/es, Age/s) _____

Owner of the other Vessel _____

Address _____

Details of other Vessel: Hull _____ Reg. No. _____

Make of Motor _____

Name of Insurance Co. _____

Name and Address of any hospitals, etc., or doctors who treated Third Parties _____

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work undertaken eg. Size, model, type, age, hours, cost of labour, parts, prices...**

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.

DISPUTE RESOLUTION

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

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 in no matter 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.

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 to 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.

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.

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.

Insured's Signature _____ Date _____