

## Hull / Pleasure Craft Claim Form

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

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

Is the amount claimed less than 100% of the GST applicable to the premium? ..... Yes  No

Specify the percentage amount claimed  % What is your ABN?

### INSURED

Full Name

Street Address

Suburb/City  State  Postcode

Work Phone  Work Fax  Mobile

Home Phone  Email

### Policy Details

Policy Number  Expiry Date

Vessel Name  Registration

### 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 Assured (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  No

If yes, (a) Why

(b) Have any claims been made on you?

If no, (a) Who was to blame

(b) Did such person admit any liability?

**Note:-** No liability of any sort shall be admitted nor any offer promise or payment made by the Assured 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 Assured the defence of any action, or to prosecute any claim for indemnity or damages or otherwise against any third party.

The Assured also undertakes to send to the Insurers as soon as possible all claims, letters, summonses or writs relating to any accident addressed to the Assured or to the Assured's 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?

## 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: \_\_\_\_\_

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## Electronic Funds Transfer Authority

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### Section 1

Name (of policy holder)

Title:  Mr.  Mrs.  Miss  Company

Name: \_\_\_\_\_

### Section 2

Bank Account Details

BSB number (all 6 digits are required here)

Account Number

Nominated account name: \_\_\_\_\_

Bank, Credit Union, Building Society name: \_\_\_\_\_

Branch: \_\_\_\_\_

### Section 3

Declaration

I hereby authorise my Insurer to make any payments to the policy holder by Electronic Funds Transfer (EFT) into the above bank account.

**Signature if individual:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature if Company:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

## How To Get Quick Action On Your Claim

1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
2. Attach all **original** quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.
3. Attach **original** valuations and receipt of purchases whenever possible.
4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents.

**Note:** Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.

5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

### **WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE:-**

- Submit the claim form to the Insurer
- If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

### **WHAT AN ASSESSOR WILL DO:-**

- An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- The assessor is your contact point
- The assessor will write a report to the Insurer recommending a course of action
- This can take time depending on their work load and Police Reports
- The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us immediately. We will not know of any problem without being advised.
- If you are unhappy with the assessor's responses, contact us immediately.

RESET

SAVE

PRINT

SUBMIT

Please click submit to send the form electronically. You will then have to select desktop email or webmail. If you use Microsoft Outlook or similar select desktop mail and a new email will automatically open with the completed PDF attached, then click send.