

CLAIM FORM - Hull & Boat Insurance



Please complete each question on this Claim Form fully and accurately

THE INSURED								
Insured's Name						A.B.N.		
Address						Postcode		
Contact Numbers			Home			Work		
			Mobile					
Email Address								
Are you registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/> Percentage of business taxable _____ %								
Policy Number								
THE VESSEL								
Description of Insured Vessel, Motor, Trailer	Hull	Make	Model No.	Year Built	Reg/Serial No.	Hull-Length Motor - HP	Construction	Date Purchased
	Dinghy							
	Motor							
	Motor							
	Trailer							
Description of Equipment (including sails if applicable)								
Name of Vessel								
Finance								
Is the vessel financially encumbered? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If "YES" please give me name and address of Finance Company:								
THE LOSS/INCIDENT								
Particulars of Loss/Incident								
When did loss/incident occur? Date: ___/___/___ Time: _____								
Speed of Vessel								
Where did the loss/incident occur?								
For what purpose was vessel being used?								
Who was in control of the vessel at the time of Loss/Incident?								
Person:								
Address:								
Post Code:								
Age: Telephone Number:								
Boat driver's Licence								
Licence No: Expiry Date: ___/___/___								
Please attach Photocopy								
Name, Address of independent witness to incident								
Person: Telephone Number:								
Address:								
Post Code:								
How did loss/damage occur (include wind direction, tide, course of vessel(s), weather)?								
Additional space on back page								

THE LOSS/INCIDENT (CONT'D)

DIAGRAM OF CIRCUMSTANCES (Please Include photographs if possible)

Was vessel in a race? Yes No Details:

Protest Lodged (if applicable)?

Where can vessel be inspected?

Telephone Number:

Address:

Post Code:

If property lost/stolen, has it been reported to police?

Yes No

Police Station:

Date Reported: ___/___/___

Police Officer:

Time Reported:

Report No.

What steps were taken to minimise loss/damage?

Have you ever:

a) had previous claims?

Yes No

Details:

b) been refused insurance?

Yes No

Details:

c) been charged/convicted of any offence?

Yes No

Details:

PARTICULARS IN RELATION TO THIRD PARTIES (IF APPLICABLE)

A. DAMAGE TO PROPERTY

Owner of other vessel	Name:	
	Telephone No:	
	Address:	
		Post Code:
Details of other vessel	Make of Hull:	Reg. No.
	Name of Vessel:	Name of Insurance Co.

Were you at fault? Yes No Give reasons:

Describe damage to other vessel, motor etc.

Estimated cost of repairs:

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Where is vessel now?

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B. INJURY TO OTHER PEOPLE

Injured Person(s)	Name:	
	Address:	Post Code:
	Name:	
	Address:	Post Code:
	Name:	
	Address:	Post Code:

Was the scene attended by the Police or other Person(s) of Authority? Yes No

Give details (including details of injury):

Name and address of any Hospitals/Doctors etc. treating Third Parties:

Where were the Third Parties when the incident occurred?

Do you know the Third Party(ies)? Yes No If "YES" how?

