



**CLAIM FORM – COMMERCIAL HULL & BOAT INSURANCE**

Please complete each question on this Proposal 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	Make	Model No.	Year Built	Reg/Serial No.	Hull-Length Motor - HP	Construction	Date Purchased		
	Hull								
	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)

[Large empty space for diagram of circumstances]

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:

Where is vessel now?

**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?


