



Claim Form — Commercial Hull & Boat Insurance

ALL QUESTIONS ON THIS CLAIM FORM MUST BE ANSWERED

THE INSURED

| | | | | | | | | | | | | | | | | |
|-----------------------------|------------------------------|-----------------------------|---|--|--|--------|-----|--|--|--|-------------|----------------------|---|----------------------|---|----------------------|
| Insured's Name | | | | | | | ABN | | | | | | | | | |
| Address | | | | | | | | | | | | Postcode | | | | |
| | Work | Home | | | | Mobile | | | | | | | | | | |
| Contact Numbers | | | | | | | | | | | | Postcode | | | | |
| Are you registered for GST? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Percentage of business taxable <input type="text"/> % | | | | | | | | | | | | | |
| Policy Number | | | | | | | | | | | Expiry Date | <input type="text"/> | / | <input type="text"/> | / | <input type="text"/> |

THE VESSEL

| Description of Insured Vessel, Motor, Trailer | | Make | Model No. | Year Built | Reg/Serial Number | 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 name and address of Finance Company | | | | | | | | |
| | | | | | | | | | |

THE LOSS/INCIDENT

| | | |
|---|--|--|
| Particulars of Loss/Incident | When did loss/incident occur? Date: <input type="text"/> | Time <input type="text"/> am/pm |
| | Speed of vessel | |
| | Where did the loss/incident occur? | |
| | For what purpose was vessel being used? | |
| Who was in control of vessel at time of Loss/Incident | Person | |
| | Address | |
| | | Postcode |
| | Age | Telephone No. |
| Boat driver's licence | Licence No. | Please attach photocopy Expiry Date <input type="text"/> |
| State Name and Address of any independent witness to incident | Person | Telephone No. |
| | Address | |
| | | Postcode |

PARTICULARS IN RELATION TO THIRD PARTIES (if applicable)

A. DAMAGE TO PROPERTY

| | | |
|--|---------------------------|----------|
| Owner of other vessel | Name | |
| | Telephone No. | |
| | Address | |
| | | Postcode |
| Details of other vessel | Make of Hull | Reg. No. |
| Name of Vessel | Name of Insurance Company | |
| Were you at fault? Yes <input type="checkbox"/> No <input type="checkbox"/> Give reasons | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Describe damage to other vessel, motor etc. | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Estimated cost of repairs. | <input type="text"/> | |
| Where is vessel now? | <input type="text"/> | |

B. INJURY TO OTHER PEOPLE

| | | |
|--|---------|----------|
| Injured Person(s) | Name | |
| | Address | Postcode |
| | Name | |
| | Address | Postcode |
| | Name | |
| | Address | Postcode |
| Was the scene attended by the Police or other Person(s) of Authority? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Give details (including details of injury). | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Name and address of any Hospitals/Doctors etc. treating Third Parties. | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| Where were the Third Parties when the incident occurred? | | |
| <input type="text"/> | | |
| Do you know the Third Party(ies)? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes' how? | | |
| <input type="text"/> | | |
| <input type="text"/> | | |
| <input type="text"/> | | |

