



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						Postcode				
Contact Numbers	Work			Home			Mobile						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"/> / <input type="text"/> / <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"/> / <input type="text"/> / <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"/>		

