

HULL CLAIM FORM
 Loss or Damage to Assured's Vessel Only

Claim Number

Please answer all questions in full. Any detail returning this form may prejudice your claim under the Policy. The Insurers do not admit liability by the issue of this form.

ASSURED

Name _____	Tel. No. _____
Address _____	

POLICY DETAILS

Policy No _____	Expiry Date _____
Name of Vessel _____	Registration No. _____

ARE YOU REGISTERED FOR GST PURPOSES?

No Yes ➤ What is your GST Number? _____

ACCIDENT DETAILS

Date _____	Time _____	Location _____
Weather conditions _____		
Sea conditions _____		
For what purpose was vessel being used at time of accident? Tick where applicable.		
<input type="checkbox"/> Hire	<input type="checkbox"/> Business	<input type="checkbox"/> Pleasure
<input type="checkbox"/> Racing	<input type="checkbox"/> Road Transit	
Waterborne accidents		
a)	Speed of vessel at time of accident (power vessels only) _____	
b)	Were skiers being towed and if so, how many? _____	
Explain fully how accident occurred (sketch may be attached)		

HELMSMAN/DRIVER (Person in charge at time of accident)

Name _____
Address _____ Tel No. _____
Relationship to Assured (if applicable) _____ Age _____
Boating Licence No. _____ Class _____ How long has licence been held? _____
Has Licence ever been endorsed or suspended, or the Helmsman/Driver convicted of any Maritime offence? (give details) _____

DETAILS OF LOSS OR DAMAGE (A quotation for repair will be required)

Estimate of loss \$ _____
Where can vessel be inspected? _____
Contact _____ Tel. No. _____
In your opinion was the accident your Helmsman's/Driver's fault? _____
If so, (a) Why? _____
(b) Have any claims been made on you? _____
or If not, (a) Who was to blame? _____
(b) Did such person admit any liability? _____
Note:- No liability or 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
Name _____ Address _____ Tel No. _____

POLICE REPORT

Was the incident reported to the Police or Maritime Authorities? _____
Did you sign a statement? _____
State officer's name _____ Number _____ Stationed at _____
Has any action been taken or threatened? _____ Against whom? _____

I hereby declare that my answers to the foregoing questions and particulars are to the best of my knowledge and belief true and correct.

Insured's Signature _____ Dated at _____ 20 _____

NOTE:

Should the claim be in respect of (A) Damage to Other Vessels or Property or (B) Injuries to Third Parties or Fare Paying Passengers, the appropriate Schedule (A or B) should also be completed and attached to this form.