

Hull Claim Form



The Insurers do not admit liability by the issue of this form.

Claimant _____

Address _____

Phone _____ Fax _____ Email _____

Vessel name _____ Type _____

Is the vessel entered into SSM system? **yes ~ no** (Please circle)

If yes, which one? _____ Date entered / /

_____ Certificated issued **yes ~ no**

Please answer the following questions

1. Exact time of incident _____ am pm Date / /

2. Where did the incident occur? _____

Latitude _____ Longitude _____

3. What happened? _____

4. For what purpose was the vessel being used? _____

5. Speed at time of incident _____ Tide _____

Weather conditions: *visibility* good fair very poor

water calm moderate rough

wind under 15 15 – 29 30 – 40 over 40 knots

6. a) Name of the person operating the vessel at the time of the incident _____

b) What is their relationship to the Assured? _____

c) Is this person the usual master? **yes ~ no**

If no, i) why was this person operating the vessel? _____

ii) please provide details of their qualifications/experience _____

d) Were any drugs or alcohol consumed by the person named in 6(a) within the 24 hours prior to this incident? **yes ~ no**

7. a) Name of other person(s) on the bridge at the time of the incident _____

b) How many crew were on board the vessel at the time of the incident? _____

c) Please provide details of qualifications/experience of all the crew (use a separate sheet of paper if necessary) _____

d) Please provide details of the watchkeeping regime in force on the vessel _____

8. Has the Maritime Safety Authority been advised of the incident? **yes ~ no**

If no, please advise reason _____

If yes, please advise Location of MSA office _____ Date advised / /

Name of person advised _____

How was this communicated to MSA Phone Fax Other (detail please) _____

Did you use a MSA Accident and Incident Report? **yes ~ no** If yes, attach a copy.

9. Please give full details of the damage to the insured vessel _____

10. Where can the vessel be inspected? _____

11. Has an estimate for the cost of repairs been obtained? **yes ~ no**
 If yes, amount \$ _____ From whom? _____
12. What action, if any, has been taken to minimise loss/damage or liability? _____

13. Did you own all the damaged/lost property? **yes ~ no**
 If no, owner's name and address _____

14. a) Do you have any other insurance which may cover this loss? **yes ~ no**
 If yes, please provide details of insurance company and address _____
 b) Have you previously had any insurance claims? **yes ~ no** If yes, detail on a separate sheet.
15. If theft/burglary/malicious damage, have the police been notified? **yes ~ no**
 If no, why not _____
 If yes, station reported to _____ Date / /
- Note: Please attach police complaint acknowledgement form.**
16. If burglary/theft, please advise how incident occurred and what security arrangements were in place at time of loss _____

- Note: For theft/burglary claims please attach details of items stolen including purchase price and date.**

Liability to Third Parties: No liability should be admitted by you, or any offer made to compensate for damage. All communications received should be forwarded to us immediately.

17. Please provide details of damage to third party property _____
18. Provide name and address of the owner of the other vessel or property _____

19. Did you consider the incident to be the fault of any person other than yourself? **yes ~ no**
 If yes, please give details _____
20. Did the other person admit liability? **yes ~ no**
 If yes, please give details _____
21. Estimate of damage to third party property \$ _____
22. Loss of earnings (if insured) – number of days unable to operate _____
23. Details of rental/replacement vessel costs _____

Privacy Act

Pursuant to the Privacy Act 1993 the following is brought to your attention

- This claim form collects personal information about you;
- The information is collected to evaluate your claim;
- The intended recipient of the information is Vero Marine Insurance Limited;
- The information is collected and held by Vero Marine Insurance Limited, 48 Shortland Street, Auckland;
- The collection of this information is required pursuant to your insurance policy;
- The failure to provide this information may result in your claim being declined;
- You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Declaration

I/We declare that the above statements are true and correct and I/we have not withheld any material information which will directly or indirectly affect this claim.

Signature of Claimant _____ Date / /
 Print Name _____ Position _____