



Hull claim form

Please fully complete, where applicable, and return to:

Mariner Underwriters Ltd.
PO Box 90 140
Auckland Mail Service Centre.

Telephone: 09 3601010.
Fax: 09 3601017.
E-mail: info@mariner.co.nz

policy holder details:

Policy No. _____ Claim no. _____

Full Name: _____

Address: _____

Occupation: _____

Telephone (Home): _____ Business: _____ Mobile: _____

Email: _____ Fax: _____

vessel details:

Vessels Name: _____ Type: _____

Exact time of loss/incident _____ am/pm Date: _____

Where did the loss/incident occur? _____

Owners and/or Skipper's report on circumstances of loss/incident (if necessary continue on a separate sheet and attach):

For what purpose was the vessel being used: Pleasure Racing Commercial

Speed at time of loss/incident: _____ Tide: _____

Weather Conditions: Visibility good fair very poor
Water calm moderate rough
Wind under 15 15-29 30-40 over 40 knots

Name of person operating the vessel at the time of incident: _____

If not the Insured please advise relationship: _____

Were any drugs or alcohol consumed by this person within 24 hours prior to the incident: Yes/No

If so please advise when and quantity: _____

Details of damage and/or items lost: _____

Where can the vessel be inspected? _____

Has an estimate for the costs of repairs been obtained – Yes/No?

If (Yes) amount \$ _____ Repairer: _____ Contact Phone No. _____

Do you own all the damaged/lost property? Yes/No

If (No), owner's name _____

Address: _____

Contact Phone No. _____

Do you have any other insurance that may cover this loss? Yes/No

If Yes please provide details of insurance company:

Have you previously had any insurance claims? Yes/No If Yes provide details:

If theft/burglary/malicious damage:

1. The Police must be notified.

Police Station advised: _____ Date: _____ Police File No. _____

Please attach the Police Complaint/Acknowledgement Form.

2. What security arrangements were in place at the time of loss? _____

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.

Was any other party involved in the loss and/or damage? Yes/No

Name and address of owner of other vessel or property: _____

Contact Phone No. _____ Insurer: _____

Do you consider the incident to be the fault of any person other than yourself? Yes/No

If Yes please give details: _____

Did the other person admit liability? Yes/No

If Yes please give details. _____

Has any claim or intimation of claim been made upon you? Yes/No

If Yes please give details: _____

Witness including all crew and passengers.

Name

Address

Contact No.

For collision claims please use this area for a sketch plan of the accident.

Declaration/Privacy Act 1993/Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We _____

- (a) Agree that any instructions given by you for the repair or removal/disposal of the vessel will be taken as being given on my/our behalf.
- (b) Agree to give any further information that may be required.
- (c) Understand you require this personal information, which will be retained by you before you can evaluate my/our claim.
- (d) Authorise the disclosure of this personal information regarding this claim to other parties.
- (e) Authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim.
- (f) Authorise the obtaining by you from Insurance Claims Register (ICR Ltd) which hold details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim.
- (g) Authorise you to place details of this claim on the database of ICR Ltd, P O Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect.
- (h) Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.
- (i) Are fully authorised to complete and sign this claim on behalf of the person/s named in the proposal.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Signature: _____

Date: _____