



MARINE HULL CLAIM FORM

JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

CLIENT DETAILS

Policy number	<input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sum insured	<input type="text"/>
Name of vessel	<input type="text"/>			Year built	<input type="text"/>
Registration number	<input type="text"/>			Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>

PLEASE ATTACH COPY OF CERTIFICATE OF SURVEY, SAFE SHIP MANAGEMENT CERTIFICATE AND REGISTRATION CURRENT AT DATE OF LOSS OR DAMAGE.

INSURED

Insured's name	<input type="text"/>		
Address	<input type="text"/>		
Occupation	<input type="text"/>		
Telephone	<input type="text"/> (0)	Facsimile	<input type="text"/> (0)
E-mail	<input type="text"/>		

CREW

Skippers name	<input type="text"/>		
Address	<input type="text"/>		
Skipper's license no.	<input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Occupation	<input type="text"/>	How long has the Skipper held a license?	<input type="text"/>

Has license ever been endorsed or suspended, or the Skipper convicted of any Maritime Offence? Yes No

If so give particulars

Please attach copy of Skipper's Licence current at date of loss or damage

For what purpose was the vessel being used at time of accident?

If other than Skipper was in control of vessel, please specify

Had the Skipper consumed any drugs or alcohol within the 24 hours prior to the incident? Yes No

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

PLEASE PROVIDE DETAILS OF QUALIFICATIONS AND EXPERIENCE OF ALL CREW (use a separate sheet of paper if necessary).



Please complete the following Sections 1 through to 8 where applicable

1. THE ACCIDENT

Date / / Time am pm

If after sunset, were navigation lamps alight? Yes No

Where did the accident happen?

Conditions Sea Weather Visibility

Wind speed Wind direction Tide

Estimated speed of vessel at time of accident

State clearly how the accident occurred

2. ATTACH PLAN OF LOCALITY

Show positions and wakes of vessels or persons concerned, and give measurements where possible.

3. DAMAGE TO YOUR VESSEL

Please describe all damage to your vessel

Estimate amount of damage \$ Have quotations for repair been obtained? If Yes, please attach quotation Yes No

4. DAMAGE TO OTHER PROPERTY

If in collision with another vessel, give names and registered numbers:

Owner's name

Owner's address

Skipper's name

Skipper's address

If damage caused to property other than above, state:

Owner's name

Owner's address

Description of property damage

Nature of damage Estimated cost \$

5. INJURIES TO PERSONS

State whether passenger in either vessel, swimmer, skier etc

Name Age

Address

Nature of Injuries

Name of hospital and/or doctor

Remarks as to condition

6. WITNESSES

Passengers in insured vessel

Were they paying passengers? Yes No

Independent witnesses



7. POLICE OR MARITIME SAFETY AUTHORITY

Was the incident reported to MSA? Yes [] No [] Date [] / [] / []
Was the incident reported to Police? Yes [] No [] Date [] / [] / []
If Yes, contact name(s) []
Station/Office []
Is any action pending? Yes [] No []
If Yes, against whom? []

8. GENERAL

Are you of the opinion that the accident was caused or contributed to by the fault or negligence of your Skipper? Yes [] No []
If not, whom? []
Why? []
Did your Skipper admit liability? Yes [] No []
Did Third Party admit liability? Yes [] No []
Has any claim/demand been made upon you? Yes [] No []
If so, by whom and for what amount? []

Please attach all such demands and correspondence.

Have any steps been taken to compromise or settle the matter? Yes [] No []
If so, state how and by whom? []
Is the owner of other vessel insured? Yes [] No []
If so, with whom? []
Where can damaged vessel be surveyed? []
Name of contact [] Telephone (0) []

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

- (a) This claim form collects personal information about you.
(b) The information is collected to evaluate your claim.
(c) The intended recipient of the information is QBE Insurance (International) Ltd.
(d) The information is collected and held by QBE Insurance (International) Ltd.
(e) This collection of this information is required pursuant to your insurance policy.
(f) The failure to provide this information may result in your claim being declined.
(g) You have the rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

I/We hereby declare that to the best of my/our knowledge the information detailed on this form is true and correct, and that I/we have not withheld any information likely to affect acceptance of this claim.

Signed [] Date [] / [] / []
Print Name []
Position []

