

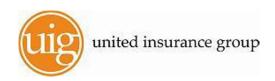
PLEASURE CRAFT / HULL CLAIM FORM

Thank you for providing us with the notification of your claim. The claim form is attached. Can you please read the following details before completing this form. Please feel free to contact us should you require any assistance

- 1) Please complete and return the attached form to our office. Attach all relevant original quotations, invoices, valuations and receipt of purchases (obtained for the repair/replacement of damaged property). Please also attach any letters of demand or other correspondence that you may receive/have received from a Third Party. Do not attach photocopies.
- 2) For claims involving loss/damage to your own property the appropriate authorities, i.e. Fire Brigade/Police, should be notified and every reasonable effort made to prevent further loss/damage. Damaged property, if any, should not be disposed of without permission of the Insurer or Assessor.
- 3) An assessor could be appointed and you will be advised if this action is taken.
 - Keep in contact with the assessor so the report can be provided to Insurers on time.
 - If there is any matter not receiving prompt attention you should call us immediately.
- 4) Please keep all supporting documentation for your claim for presentation to the Insurer or Assessor, such as original invoices, receipts, owners manual, photos, etc. Quotes from retailers or trade suppliers to replace/repair, itemising the precise nature of their quotation, eg size, type, model, age, hours and cost of labour, cost of parts.
- 5) Where personal injury/property damage to third parties is involved, offer assistance but **DO NOT ADMIT** liability. Advise the party involved to give written details of their claim against you for passing on to your Insurer.
- 6) Please refer to the claim form for more instructions for the management of your claim.

Should you require any further assistance, please contact us.

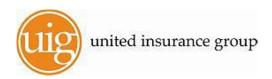




PLEASURE CRAFT / HULL CLAIM FORM

The Iss	ue of this	Form is not an Admission of Liability by Insurer					
	Policy # : Claim # :						
Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.							
THE IN	ISURED						
Surnam	ne	Other Names	Mr,Mrs,Miss,Ms				
Addres	s						
			Post Code				
Occupa	ation						
Phone	Private	Business					
	Fax No.	Mobile					
	Email _	Contact Name					
Δre vo	u reaiste	red for GST?					
		What is your ABN?					
		: : : : : :	: : :				
		ed an input tax credit on the GST amount applic					
<u>—</u>	_	Of the GST applicable to the premium?	claimed: %				
		to claim an input tax credit for the repairs or rep					
No 🗌	Yes 🔲		Yes □>Specify amount				
		less than 100%	claimed: %				
THE VE	ESSEL /	<u>CRAFT</u>					
Policy [Due Date	//					
Description of the Insured Vessel: Hull		e Insured Vessel: Hull	Reg. No				
Motor _		Serial No.					





PARTICULARS OF LOSS / DAMAGE

Date of Loss or Accident//						
Location at time of Loss or Accident						
Describe purpose for which vessel was being used at time of Accident						
Were you, as the Insured, in charge of the vessel at time of Accident?	No 🗌	Yes 🗌				
If NOT – who was in control?						
Was the driver of the vessel licensed at the time of the Accident or Loss?	No 🗌	Yes 🗌				
Have you or the person to whom the vessel was entrusted ever-suffered previous claims?	No 🗌	Yes 🗌				
If yes, give details						
Is there any other insurance on the Property under this claim? Give Details	No 🗌	Yes 🗌				
If Property Stolen or Lost give date police advised//						
Is the Property under Hire Purchase or otherwise encumbered? Give Details	No 🗌	Yes 🗌				
Give details of Loss or Damage sustained and attach written quote of cost of	of repairs.					
Where can Insured Property be Inspected?						
Describe how the loss, theft, damage and / or personal injury occurred.						





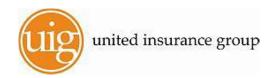
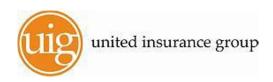


Diagram of Circumstances. (Please include photos if available)



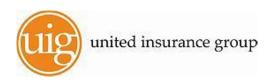


PARTICULARS OF LOSS RELATING TO ROAD ACCIDENT AND / OR THIRD PARTY DAMAGE ON ROAD OR WATER

If claim is for Damage to Insured's Property arising out of a Motor Vehicle Accident, the following details of Vehicle towing insured's property are required Make of Vehicle and Year _Reg. No. _____ Policy No. _____ If Vehicle Insured, Name of Insurance Co. Driver at time of Accident _____License No. _____ Address _____ Post Code _____ Details of other Vehicle involved in the Accident: Name of Owner _____ Address _____ _____Post Code _____ License No. Name of Driver Address Post Code If vehicle Insured, Name of Insurance Company _____ Expiry Date _____ Policy No. If this claim includes a claim for Personal Injury or Property Damage to a THIRD PARTY, the following details are required: Third Parties injured (Name/s, Address/es, Age/s)





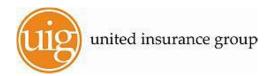


Owner of the other Vessel	
Address	
Details of other Vessel: Hull	Reg. No
Make of Motor	
Name of Insurance Co	
Name and Address of any hospitals, etc., or doc	tors who treated Third Parties
·	

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support:

- Ownership of all property claimed, e.g. Original invoices, owners manuals, photos, receipts, etc...
- The repair / replacement of your loss. e.g. Original invoices, receipts, etc... by trade suppliers / repairers itemising the precise nature of their quotation or work under taken e.g. Size, model, type, age, hours, cost of labour, parts, prices...





PRIVACY

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Insured's Signature	Date

