



Boat claim form

PLEASE HELP US TO HELP YOU BY:

- completing all relevant questions in full as this can avoid the need for further enquiry and possible delay in settling your claim
- enclosing evidence of the amount(s) you are claiming
- signing and dating page 3 of this form

Issued by

Date / /

Office

INSURANCE FRAUD IS A CRIME - PLEASE ENSURE ALL INFORMATION IS CORRECT

1. Policyholder(s) details

Policy/Client number	<input type="text"/>	Claim number (if known)	<input type="text"/>
Full name	<i>(Mr, Mrs, Miss, Ms)</i> <input type="text"/>		
Postal address	<input type="text"/>		Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone	<i>Home</i> <input type="text"/>	<i>Business</i> <input type="text"/>	<i>Mobile</i> <input type="text"/>
Email	<i>Home</i> <input type="text"/>	<i>Business</i> <input type="text"/>	
Occupation	<i>Employer</i> <input type="text"/>		

2. Details of boat

Name of boat	<input type="text"/>		
Type of boat	<input type="text"/>		
Date purchased	<input type="text"/> / <input type="text"/> / <input type="text"/>	Purchase price of boat	\$ <input type="text"/>

3. Details of claim

Date of loss and/or incident	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of loss and/or incident	<input type="text"/> <i>am/pm</i>
Location of loss and/or incident	<input type="text"/>		

Please advise Owners and/or Skippers report on circumstances of loss and/or damage (if necessary, continue on separate sheet and attach)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Was the boat being raced at the time of damage? Yes No

If Yes, has a protest been made? Please advise details below:

<input type="text"/>
<input type="text"/>

Please advise weather conditions at the time of loss and/or damage:

<input type="text"/>

Was the boat on an approved mooring and in a site authorised for its use? Yes No

If Yes, please give name and address of person giving approval and authorisation below:

<input type="text"/>
<input type="text"/>

../ Details of claim contd.

Please advise when mooring was last inspected

By Who?

If the boat was not on an approved mooring and site authorised for its use, please supply details:

Duration boat was left on non-approved mooring

<input type="text"/>	<i>years</i>	<input type="text"/>	<i>months</i>	<input type="text"/>	<i>weeks</i>	<input type="text"/>	<i>days</i>
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4. Details of damage

Please detail damage and/or items lost:

If outboard motor stolen, was it locked to a boat? Yes No

If Yes, please supply the following details of outboard motor:

Make	Model	Serial Number	Date Purchased	Purchased Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> \$

Please state estimated costs of repairs/replacement

Please provide name and address of repairer

If trailered boat stolen, was it fitted with an appropriate security device? Yes No

If Yes, please give details

5. Police details (if burglary, theft, loss or malicious damage)

Has the loss been reported to the Police? Yes No

If Yes, please attach the Police Acknowledgement Form and complete details below:

Date reported / / Which Police Station?

Police File number

Did loss result from forcible entry? Yes No

If Yes, please give details

Was a list of missing items given to the Police? (please note we may request a copy of this from the Police) Yes No

6. Other boats involved

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

If Yes, has any claim been made on you? Yes No

Please provide details of the claim:

Other party's name

Other party's address

Type of boat

Name of other party's boat

If insured, by who?

Please provide brief details of damage to other boat:

If a person, other than Owner, was in charge of the other boat at the time of loss and/or damage, please provide name, address and telephone number of such person:

Were witnesses present? Yes No

If Yes, please detail names and addresses of witnesses (including all crew, passengers and independent witnesses):

Name	Address	Location of witness at time of loss and/or damage

Do you consider other parties were responsible for, or contributed to the loss and/or damage? Yes No

If Yes, please provide details:

7. Direct crediting authority

If your claim is accepted and there are payment(s) to you, we can pay this amount direct into your bank account by direct credit. If you would like us to make this direct credit, please complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility? Yes No Name of Account

I/We authorise the payment to be made into this bank account. (Please attach a deposit slip)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank	Branch	Account Number	Suffix

8. 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 to give any further information that may be required;
- (b) understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim;
- (c) authorise the disclosure of this personal information regarding this claim to other parties;
- (d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;
- (e) authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds 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;
- (f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;
- (g) 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.

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

	Date / /
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Signature of the Policyholder(s) (If the policy is in joint names, both signatures are required)

Please attach proof of ownership i.e. receipts, credit card slips or other supporting documents overleaf.

Please return this claim form to: PO Box 1093, Wellington. Phone toll free 0508 806 244, Fax toll free 0508 498 8378.

