

# QBE AQUA Cover™

MARINE HULL INSURANCE

## Marine Hull Claim

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**A. NOTES**

1. It is most important that all questions are answered. If not applicable, write "n/a".
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Any amounts further marked as \* are in the currency of the country in which the policy has been issued.
5. Markets  
Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	
Papua New Guinea	QBE Insurance (PNG) Limited	
Solomon Islands	QBE Insurance (International) Limited	
Vanuatu	QBE Insurance (Vanuatu) Limited	

Note: For any other markets please contact the local QBE office.

6. The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:
  - a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
  - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
 and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

**B. INSURED DETAILS**

1. Name of insured: .....
2. Address: .....  
..... Postcode: .....
3. Private tel no: ..... Business tel no: .....  
Mobile tel no: ..... Fax no: .....  
Email: .....
4. Occupation: .....

**C. HELMSMAN / PILOT DETAILS (PERSON IN CHARGE AT TIME OF ACCIDENT)**

1. Name: .....
2. Address: .....

- 3. Private tel no: ..... Business tel no: .....
- 4. Relationship to insured (if applicable) ..... Age: .....
- 5. Boating licence no. .... How long has licence been held? .....
  - a) Has licence ever been endorsed or suspended, or the helmsman/pilot been convicted of any maritime offence? YES  NO
  - If "YES", please give full details*
  - .....
  - .....
- 6. Type of licence: .....

**D. ACCIDENT DETAILS**

- 1. Date ..... Time ..... Location .....
  - 2. Weather conditions .....
  - 3. For what purpose was vessel being used at time of accident? (✓) where applicable
    - Hire  Business  Pleasure  Racing  Road transit  Passenger carrying
  - 4. Was vessel licensed for above? YES  NO
  - 5. Waterborne accidents
    - a) Speed of vessel at time of accident (power vessels only)
    - b) Were skiers being towed and if so, how many? .....
  - 6. Explain fully how accident occurred (sketch may be attached) .....
    - .....
    - .....
    - .....
  - 7. Detail description of loss (please describe the loss in detail, what part of the vessel was damaged and how extensive was the damage – we may also require photographs of affected parts or part prior to any repairs)
    - .....
    - .....
    - .....
  - 8. Preventative measures taken to avoid/reduce loss or damage: .....
  - 9. Estimated cost of repairs (enclose quotes if already obtained) (\*) .....
  - 10. Where can vessel be inspected (damage only) .....
- Contact ..... Telephone .....

**E. DAMAGE TO / BY THIRD PARTIES (PERSONS AND PROPERTY)**

1. In your opinion was the accident your helmsman/pilot's fault? YES  NO

*If so,* a) Why? .....  
 b) Have any claims been made on you? .....

*Or if not,* a) Who was to blame? .....  
 b) Did such person admit any liability? .....

NOTE: No liability of any sort shall be admitted nor any offer, promise or payment made by the assured to claimants nor legal expenses incurred without the written consent of the company who shall be entitled if it so desires to take over and conduct in the name of the assured the defence of any action, or to prosecute any claim or indemnity or damages or otherwise against any third party.

The assured also undertakes to send to the company as soon as possible, all claims letters, summonses or writs relating to any accident addressed to the assured or to the assureds or servants by the authorities or by third parties.

**F. PARTICULARS RELATING TO THIRD PARTY CLAIMS (PERSONS AND PROPERTY)**

1. If any other vessel involved state:

a) Name of vessel ..... Reg. No. ....  
 b) Owner(s) name and address .....  
 c) Helmsman's/Pilot's name and address .....  
 .....  
 d) Nature of damage to other craft .....  
 ..... Estimated repair cost (\*) .....

2. If damage to property other than above state:

a) Owner(s) name, address, telephone no. ....  
 .....  
 b) Description of property damage .....  
 ..... Estimated repair cost (\*) .....

3. If injuries to person(s) state:

a) Whether passenger in either vessel, swimmer, skier, etc. ....  
 b) Name, address, telephone no. ....  
 ..... Age .....  
 Nature of injuries .....  
 c) Name of hospital and/or doctor .....  
 d) Remarks as to condition .....

**G. WITNESSES DETAILS**

- 1. Passengers in insured's vessel:
  - a) Name: .....  
 Address: .....  
 Telephone no. .... Fax no. .... Email: .....
  - b) Name: .....  
 Address: .....  
 Telephone no. .... Fax no. .... Email: .....
- 2. Were passengers fare paying? YES  NO
- 3. Independent witnesses:
  - a) Name: .....  
 Address: .....  
 Telephone no. .... Fax no. .... Email: .....
  - a) Name: .....  
 Address: .....  
 Telephone no. .... Fax no. .... Email: .....

**H. POLICE REPORT**

- 1. Was the accident reported to the police? .....
- 2. Did you sign a statement for the police? .....
- 3. Officer's name ..... Number ..... Stationed at .....
- 4. Any police action taken or to be taken? YES  NO   
*If "YES", against whom? .....*  
*What action? .....*

**I. DECLARATION**

- I/We declare that:
- 1. The information and answers given above are correct to the best of my/our knowledge and belief.
  - 2. I/We understand the claim may be refused or reduced if information is withheld.
  - 3. I/We authorise QBE to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain from any other party information that is, in QBE's view relevant to this claim.

Signature of insured: ..... Date: \_\_\_/\_\_\_/\_\_\_

### Asia Pacific Head Office

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#### Licensed insurers for the Pacific Islands region:

##### Fiji

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For literature in use in the French Territories above,  
please contact the local QBE office in each of these countries.



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[www.qbe.com](http://www.qbe.com)