

# Marine Pleasurecraft Claim form

## Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

### How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

## A Insured's details

1. Vessel's name

2. Policy

Number

Expiry date

dd / mm / yyyy

3. Insured's details

Name

Address

Phone

Mobile

Email address

4. Bank details (to be used for claims settlements)

(a) Payee name

(b) For payments into New Zealand accounts, please provide bank, branch and account numbers:

(c) For payments into overseas accounts, please provide the following:

Bank

Branch

Country

Swift/sort code

Account number



## B Incident details

1. Date of loss/damage  2. Locality of loss/damage

3. Circumstances of loss/damage

(A signed statement from the master of the insured vessel will be required in all instances where such a person is not the insured.)

4. If relevant, please attach a sketch of the collision with another vessel. (Please tick to indicate enclosure.) Enclosed

5. Please provide details of the items lost/damage to vessels.

6. Estimated cost of repairs/replacement items

7. Has the Maritime Safety Authority been informed? Yes  No

If 'Yes', please attach their response, and tick to indicate enclosure.

Enclosed

In the case of theft, burglary or malicious damage, a Police Complaint Acknowledgement form must be attached.  
(Please tick to indicate enclosure.)

Enclosed

8. Where can the vessel be surveyed?

9. Have any salvage services been hired or organised? Yes  No

If 'Yes', please provide full details (including name of salvor, services provided and circumstances incurring such assistance).

10. Intoxicating liquor and drugs - please provide details of all liquor and drugs (prescribed or otherwise) taken by you or the person in charge of the vessel in the 12 hours prior to the accident.

## C Damage to third parties

1. Please provide full details of the incident.

2. Do you consider yourself to be liable for damages/injuries sustained by the third party?

Yes  No

Please state your reasons.

3. Name and address of third party

Name

Address

4. Has a claim been made against you?

Yes  No

If 'Yes', for what amount?

NZD

Note: If a claim has been made against you by a third party, you should merely acknowledge receipt. Do not admit liability or make any offer or promise of payment.

## Declaration

I/We declare that:

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, 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.

Signed by applicant

.....

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

