# **QBE Marine Hull Claim**





#### 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	PLEAS	PLEASE TICK			
Fiji	QBE Insurance (Fiji) Limited					
Papua New Guinea	QBE Insurance (PNG) Limited					
Solomon Islands	QBE Insurance (International) Pty Limited					
Vanuatu	QBE Insurance (Vanuatu) Limited					

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

#### 6 Jurisdiction

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 exclusive 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 exclusively justiciable before the Supreme Court of Vanuatu.

B. Insured deta	ils												
Name of insured													
Address													
Private tel. no			Business	tel. no			Mot	oile tel. no					
Fax no			email										
Occupation													
C. Helmsman /	pilot de	tails (perso	on in charg	ge at the ti	me of the	e accident)							
1. Name													
2. Address													
3. Phone no				Fax no				email					
4. Relationship to	insured (i	f applicable	)							A	ge		
5. Boating licence no How long has licence been held													
a. Has licence e	ver been	endorsed or	suspended,	or the helms	sman/pilot	;							
been convicted of any maritime offence? If "Yes", please give full details.													
6 Type of licence													

MARINE CARGO PAC 7/17

1

	Acciden											
1. Da	ate	/	1	Time		Location						
2. Weather conditions												
3. Fo	or what p	urpose wa	s vessel being	used at time o	f accident?		1					
	Hire		Business	Pleas	ure	Racing	Road transit	Passenger carrying				
4. W	las vesse	l licensed f	or 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)												
		•	•			•	damaged and how	extensive was the damage - we				
may	/ also req	uire photo	graphs of affeo	cted parts or p	art prior to any r	epairs).						
				tal lua de c								
8. P	reventati	ve measur	es taken to avo	oid/reduce los	s or damage							
9. E	stimated	cost of rep	airs * (enclose	quotes if alrea	ady obtained)							
10. \	Where ca	n vessel be	inspected (da	mage only)								
(	Contact						Telephone					
E. Damage to / by third parties (persons and property)												
E. I	amage	to / by th	ird parties (j	persons and	l property)		Тетернопе					
							Тетерноне	Yes No				
1. ln	your opi				l property) pilot's fault? If so	о,	Тегерпопе	Yes No				
	your opii Why?	nion was th	ne accident you	ur helmsman/		),	Тетернопе	Yes No				
1. In a. b.	your opi Why? Have ar	nion was th		ur helmsman/		о,	Тетернопе	Yes No				
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3. If injuries to person(s), state:												
a.	a. Whether passenger in either vessel, swimmer, skier, etc.											
b.	Name, address, telephone no											
	Age	Nature of injurie	es									
c.	Name of hos	spital and/or doct	or									
d.	Remarks as	to condition										
G. Witnesses details												
1. Pa	ssengers in ir	sured's vessel:										
a.	Name			Add	dress							
	Phone no		Fax	no			email					
b.	Name			Add	dress		_					
	Phone no		Fax	no			email					
2. W	2. Were passengers fare paying?											
3. In	depentent wi	tnesses:										
a.	Name			Add	dress		_					
	Phone no		Fax	no			email					
b.	Name			Add	dress		_					
	Phone no		Fax	no			email					
H. F	Police repor	t										
1. W	as the accider	nt reported to the	police?									
2. Di	d you sign a s	tatement for the	police?									
3.0	fficer's name				Number			Stationed at				
4. A	ny police actio	on taken or to be	taken?						Yes	No		
lf	"Yes", against	whom?										
w	hat action?											
I. Si	gnature and	d declaration										
I/we 1.	declare that: The informati	on and answers g	iven above are co	orrect to	the best of	f my/our knowl	edge and l	pelief.				
2.												
	I/we hauthorise 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.										n from	
Sign	ature of insu	red										
Date	,											

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# Papua New Guinea

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