

CLAIM FORM – COMMERCIAL HULL & BOAT INSURANCE



How to fill out this form: For questions with multiple choice answers, please tick the box in front of the correct answer. For other questions, please write the information requested in the spaces provided. If there is inadequate space to answer any questions, please attach a separate sheet of paper. Please complete each question on this Proposal Form fully and accurately

THE INSURED								
Insured's Name						A.B.N.		
Address						Postcode		
Contact Numbers			Home			Work		
			Mobile					
Email Address								
Are you registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/> Percentage of business taxable _____ %								
Policy Number								
THE VESSEL								
Description of Insured Vessel, Motor, Trailer		Make	Model No.	Year Built	Reg/Serial No.	Hull-Length Motor - HP	Construction	Date Purchased
	Hull							
	Dinghy							
	Motor							
	Trailer							
Description of Equipment (including sails if applicable)								
Name of Vessel								
Finance								
Is the vessel financially encumbered?						Yes <input type="checkbox"/>		
If "YES" please give me name and address of Finance Company:								
THE LOSS/INCIDENT								
Particulars of Loss/Incident	When did loss/incident occur? Date: ___/___/___ Time: _____							
	Speed of Vessel							
	Where did the loss/incident occur?							
	For what purpose was vessel being used?							
Who was in control of the vessel at the time of Loss/Incident?	Person:							
	Address:							
	Post Code:							
	Age: Telephone Number:							
Boat driver's Licence								
Licence No:						Expiry Date: ___/___/___		
Please attach Photocopy								
Name, Address of independent witness to incident	Person: Telephone Number:							
	Address:							
	Post Code:							
How did loss/damage occur (include wind direction, tide, course of vessel(s), weather)?								
Additional space on back page								

THE LOSS/INCIDENT (CONT'D)

DIAGRAM OF CIRCUMSTANCES (Please Include photographs if possible)

Blank area for drawing or photographs.

Was vessel in a race? Yes No Details:

Protest Lodged (if applicable)?

Where can vessel be inspected?

Telephone Number:

Address:

Post Code:

If property lost/stolen, has it been reported to police?

Yes No

Police Station:

Date Reported: ___/___/___

Police Officer:

Time Reported:

Report No.

What steps were taken to minimise loss/damage?

Have you ever:

a) had previous claims?

Yes No

Details:

b) been refused insurance?

Yes No

Details:

c) been charged/convicted of any offence?

Yes No

Details:

PARTICULARS IN RELATION TO THIRD PARTIES (IF APPLICABLE)

A. DAMAGE TO PROPERTY

Owner of other vessel	Name:	
	Telephone No:	
	Address:	
		Post Code:
Details of other vessel	Make of Hull:	Reg. No.
	Name of Vessel:	Name of Insurance Co.

Were you at fault? Yes No Give reasons:

Describe damage to other vessel, motor etc.

Estimated cost of repairs:

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Where is vessel now?

B. INJURY TO OTHER PEOPLE

Injured Person(s)	Name:	
	Address:	Post Code:
	Name:	
	Address:	Post Code:
	Name:	
	Address:	Post Code:

Was the scene attended by the Police or other Person(s) of Authority? Yes No

Give details (including details of injury):

Name and address of any Hospitals/Doctors etc. treating Third Parties:

Where were the Third Parties when the incident occurred?

Do you know the Third Party(ies)? Yes No If "YES" how?

THE LOSS/INCIDENT (ADDITIONAL SPACE)

Do you want to provide additional information or make a statement to support your claim? Yes No

Multiple empty horizontal lines for providing additional information.

THE INSURED

I/We solemnly declare that the information above and on the face hereof is a true and accurate account of the event sustained by Me/Us, and that I/ We have not concealed anything, material which should be known by the Insurers.

Insured(s) Signature _____

Date ____/____/____

IF YOU HAVE A CONCERN

Although we do everything possible to provide a quality service to you, our customer, we recognise that occasionally there may be some aspect of our service or decision we have made that you want to query or draw our attention to. Please let us know so that we can address your concern.

For Private Boat Insurance details of our Complaints and Dispute Resolution procedure are set out in your policy document. A copy of the procedure is available upon request.

Trident Insurance Brokers ABN 94 247 973 307

Street Address: 1st Flr, 186 Scarb. Bch Road
Mt Hawthorn WA 6016

Postal Address: PO Box 191,
Mt Hawthorn WA 6915

Email: info@tridentinsurance.com.au

Phone No: (08) 9202 8000
Fax No: (08) 9202 8010