

Commercial Hull Claim form



Notes:

The issue of this claim form is not an admission of liability on our part. All questions must be fully answered in either black or blue pen. Please print clearly and tick (✓) appropriate boxes to indicate 'YES' or 'NO' answers. Please continue on a separate sheet of paper if necessary.

Policy number

Claim number

Section 1 – Details of insured

Name of insured

Address

	State	Postcode
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Vessel name

Are you a GST registered company?

No Yes

ABN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Will you claim a 100% input tax credit on the GST in your insurance premium?

No Yes

If no, what percentage will you be claiming?

	%
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Settlement payment option

Direct credit Cheque

Account name

Bank

BSB

Account number

For survey purposes

Contact name

Contact telephone number

Fax number

Email address

Section 2 – Details of incident

1. Date / / Time am / pm

2. Where did the incident occur?

3. What happened?

Section 2 – Details of incident (continued)

4. For what purpose was the vessel being used?

5. Speed at time of incident

6. Conditions:

Visibility	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Very poor
Water	<input type="checkbox"/> Calm	<input type="checkbox"/> Moderate	<input type="checkbox"/> Rough
Wind	<input type="checkbox"/> Under 15	<input type="checkbox"/> 15 – 29	
	<input type="checkbox"/> 30 – 40	<input type="checkbox"/> Over 40 knots	

7. (a) Name of the person operating the vessel?

(b) Relationship to insured?

(c) Is this person the usual master?

No Yes

If no, (i) why was this person operating the vessel?

(ii) please provide details of their qualifications / experience

(d) Is it alleged that any person involved in the accident was under the influence of liquor or a drug?

No Yes If yes, provide details

8. (a) If any salvage service has been rendered, please advise

(i) Name(s) of owner(s) of towing vessel

(ii) Address

State Postcode

(iii) Contact telephone number(s)

Section 2 – Details of incident (continued)

(b) Name of vessel

(c) Towed from

Towed to

(d) Duration – commenced

Duration – finished

(e) Distance of tow

(f) Amount claimed / agreement made

9. Is your vessel required to be in survey with a governmental authority?

No Yes If yes, please attach a copy of your current certificate

10. Has the loss / damage been reported to the appropriate authorities?

No Yes

If no, please advise reason

If yes, please advise

Location of office

Date advised

Name of person advised

11. Did you use an accident and incident report?

No Yes If yes, please attach a copy

Section 3 – Details of loss or damage

1. Please give full details of the damage to the insured vessel

2. Has an estimate for the cost of repairs been obtained?

No Yes If yes, amount

From whom?

3. Please attach to this claim form

4. What action, if any, has been taken to minimise loss / damage or liability?

Section 4 – Witnesses

It is important that names and addresses be obtained (attach separate sheet if necessary).

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1. How many crew were on board the vessel at the time of the incident?

(i) Name(s)

(ii) Address(es) and contact telephone number(s)

2. Independent witnesses

3. Did a Local Authority, Harbour Officer or other Official witness the accident or take particulars?

No

Yes

Section 5 – Details of theft

1. Description of items stolen

2. Was there evidence of forcible entry or removal?

No

Yes

At which Police Station was the theft reported?

Date

/ /

N.B. All thefts must be reported to the Police Authorities. Attach Police complaint acknowledgment form.

Section 6 – Third party damage (personal and/or property)

1. Give full details of injury and/or damage to other people or property

2. Provide name and address and contact telephone number of the owner of the other vessel or property

3. Have you received any claim or demand from a third party?

No

Yes

N.B. IF A CLAIM HAS BEEN RECEIVED FROM A THIRD PARTY, kindly contact us immediately so that we may assist you in responding. Under no circumstances should you ever admit liability.

4. In your opinion, was another boat at fault?

No

Yes If yes, please give reason

Section 7 – Other insurance

1. Do you hold more than one policy insuring you in respect of this incident?

No

Yes If yes, please give details

Section 8 – Important notice

1. Do you hold more than one policy insuring you in respect of this incident?

Quotation for replacement / repairs

Accident / incident report

Police complaint acknowledgment form

Any other documents that you think may assist us in understanding your claim

Section 9 – Privacy statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of: providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: other members of the group of companies to which we belong; your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to evaluate your claim and if you are covered, to manage that claim.

Access

You can request access to the personal information by contacting us.

This Privacy Statement is issued by

Vero Insurance Limited, GPO Box 3999, Sydney NSW 2001.

For personal claimants

I consent to:

- ▼ the use of personal information about me for the purposes shown in the Privacy Statement, and
- ▼ the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

For all claimants

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- ▼ disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- ▼ consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Section 10 – Code of practice

We have adopted the General Insurance Code of Practice. Please contact us for more information if required.

Section 11 – Declaration

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief.

Signature of insured(s) / claimant(s)	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>

To enable us to promptly deal with your claim, please submit this claim form and available supporting documents as soon as possible. Further documents, should be sent to us when they become available.

Please forward the completed claim form and applicable documents to:

Vero Marine Claims Centre
GPO Box 3999
Sydney NSW 2001
Priority Call 1300 664 201
Facsimile 02 8121 0949
Email claims@vero.com.au