

Secure Boat 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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Are you a GST registered company?

No Yes

ABN

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Will you claim a 100% input tax credit on the GST in your insurance premium?

Yes No If no, what percentage will you be claiming?

 %

Settlement payment option

Direct credit Cheque

Account name

Bank

BSB

Account number

Section 2 – Details of incident

1. Date

 / /

Time

 am/pm

2. Where did the incident occur?

3. What happened?

4. For what purpose was the boat being used?

Five empty text input boxes for recording the purpose of the boat's use.

5. Speed of boat at time of incident

Empty text input box for recording the speed of the boat.

6. Was your boat taking part in an organised race or speed trial?

No Yes

7. Did you comply with the applicable maritime regulations?

No Yes

8. Conditions

Form for recording conditions: Visibility (Good, Fair, Very poor), Water (Calm, Moderate, Rough), Wind (Under 15, 15 - 29, 30 - 40, Over 40 knots).

9. (a) Name of person operating the boat

Empty text input box for the name of the person operating the boat.

(b) Address

Form for recording address: main address box, and separate boxes for State and Postcode.

(c) Contact telephone number

Empty text input box for contact telephone number, with parentheses for area code.

(d) Licence number

Empty text input box for licence number.

(e) Age

Empty text input box for age.

(f) Experience in handling boats of this nature

Empty text input box for experience in handling boats.

(g) Has the licence holder ever been endorsed or suspended or convicted of any waterway offence?

No Yes If yes, please give details

Empty text input box for details of offences.

Empty text input box for details of offences.

10. Is it alleged that any person involved in the accident was under the influence of liquor or a drug?

No Yes If yes, please give details

Empty text input box for details of alleged influence.

Empty text input box for details of alleged influence.

Empty text input box for details of alleged influence.

Empty text input box for details of alleged influence.

Empty text input box for details of alleged influence.

Empty text input box for details of alleged influence.

11. If any salvage service has been rendered, please give full details including name and address of salvors and the full circumstances.

12. Was your boat in survey at the time of loss or damage?

No

Yes

Section 3 – Damage to your boat

1. Details of damage

2. Where is the damaged boat now?

3. Estimate of claim

4. Have you obtained a quotation for repairs?

No Yes If yes, please attach to this claim form

Section 4 – Witnesses

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

1. (i) Name(s) of passenger(s) in your boat

(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

3. At which Police Station was the theft reported?

N.B. All thefts must be reported to the Police Authorities

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

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

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

No Yes **If Yes, please supply the original to us immediately**

NOTE: 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.

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

No Yes If yes, please give reason

4. You may be required to report any collision / injury / death to Third Parties to the appropriate Maritime or Police Authorities. If the appropriate authority has been notified, please advise

(a) Authority Advised

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(b) Location of Office

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	State	Postcode
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(c) Date Advised

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(d) Name of Person Advised

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5. Did you use an Accident and Incident Report?

No Yes If yes, please attach a copy.

Section 7 – Other insurance

1. Do you hold more than one policy insuring you in respect of this damage/loss?

No Yes If yes, please give details.

Section 8 – Important notice

1. Please attach the following documents where applicable:

- 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 10 – Code of Practice

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)

Date

Date

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