



Claim Form – Commercial Hull & Boat Insurance

All questions on this claim form must be answered

THE INSURED

Insured's Name												
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?										
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?											
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed										%	
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?											
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed										%	
Address												
										State	Postcode	
Contact Numbers	Business ()					Private ()						
	Facsimile ()					Mobile						
Policy Number												
	Expiry Date		/	/								

THE VESSEL

Description of Insured Vessel, Motor, Trailer		Make	Model No.	Year Built	Reg/Serial Number	Hull-Length Motor – HP	Construction	Date Purchased
	Hull							
Dinghy								/ /
Motor								/ /
Motor								/ /
Trailer								/ /
Description of Equipment (Including sails if applicable)								/ /
								/ /
								/ /
								/ /
Name of Vessel								
Finance	Is the vessel financially encumbered? Yes <input type="checkbox"/> No <input type="checkbox"/>							
	If 'YES', please give name and address of Finance Company							
								State

THE LOSS/INCIDENT

Particulars of Loss/Incident	When did loss/incident occur? Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Time <input type="text"/> am/pm
	Speed of vessel	
	Where did the loss/incident occur?	
	For what purpose was vessel being used?	

THE LOSS/INCIDENT (continued)

Who was in control of vessel at time of Loss/Incident	Person			
	Address			
		State		Postcode
	Age		Telephone No. ()	
Boat driver's licence	Licence No.	Please attach photocopy	Expiry Date	/ /
State Name and Address of any independent witness to incident	Person	Telephone No. ()		
	Address			
		State		Postcode

How did loss/damage occur (include wind direction, tide, course of vessel(s), weather)? (Additional space on back page)

DIAGRAM OF CIRCUMSTANCES (Please include photographs if possible)

Was vessel in a race? Yes No Details

Protest Lodged (if applicable)? Yes No

Where can vessel be inspected?

Address State Telephone No. ()
 Postcode

If property lost/stolen, has it been reported to police? Yes No

Police Station Date Reported / /

Police Officer Time Reported am/pm Report No.

What steps were taken to minimise loss/damage?

THE LOSS/INCIDENT (continued)

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			
		State	Postcode	

Details of other vessel	Make of Hull	Reg. No.
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Name of Vessel	Name of Insurance Company
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Were you at fault? Yes No Give reasons

Describe damage to other vessel, motor etc.

Estimated cost of repairs.

Where is vessel now?

B. INJURY TO OTHER PEOPLE

Injured Person(s)	Name			
	Address	State	Postcode	
	Name			
	Address	State	Postcode	
	Name			
	Address	State	Postcode	

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

Give details (including details of injury).

PRIVACY

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Marine office or from our website at www.qbemarine.com

DECLARATION AND SIGNATURE

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

X

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.