

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

Telephone Number ()

Fax Number/Email ()

Name of Boat

Registration Number

Are you GST registered? No Yes

ABN

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? %

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?

Section 3 damage to your boat (continued)

16 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)

17 i) Name(s) of passenger(s) in your boat

ii) Address(es) and Contact Telephone Number(s)

18 Independent witnesses

19 Did a local authority, harbour officer or other official witness the accident or take particulars?
No Yes

Section 5 details of theft

20 Description of items stolen

21 Was there evidence of forcible entry or removal?
No Yes

22 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)

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

24 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.

25 In your opinion, was another boat at fault?
No Yes If Yes, please give reason

Section 6 third party damage (personal and/or property) (continued)

26 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

b) Location of Office

State

Postcode

c) Date Advised

d) Name of Person Advised

27 Did you use an Accident and Incident Report?

No Yes If Yes, please attach a copy.

Section 7 other insurance

28 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

29 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.

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:

All locations except Victoria

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

Victoria

Vero National Marine Claims Centre
GPO Box 1509
Melbourne VIC 3001
Telephone 03 9245 8302
Facsimile 03 9245 8337