

# Marine Hull Claim form

## Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

### How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

## A Insured's details

1. Insured's name

2. Policy number

3. Expiry date

dd / mm / yyyy

4. Address

5. Phone

Work

Mobile

6. Email address

7. Vessel details:

Name

Year built

Registration number

Registration expiry

dd / mm / yyyy

Please attach a copy of the certificate of survey, safe ship management certificate and a copy of the registration which was current at the date of the loss or damage and tick to indicate enclosure.

Enclosed



## B Skipper and crew

1. Skipper's name

2. Address

3. Occupation

4. Skipper's licence no.  5. Expiry date  /  /

6. How long has the skipper held a licence?

7. Has the licence ever been endorsed or suspended, or has the skipper ever been convicted of any maritime offence? Yes  No

If 'Yes', please provide details.

8. Please attach a copy of the skipper's licence which was current at the date of the loss or damage. Enclosed

9. For what purpose was the vessel being used at the time of the accident?

10. If someone other than the skipper was in control of the vessel, please provide details.

11. Had the skipper consumed any drugs or alcohol within the 24 hours prior to the incident? Yes  No

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

13. Please provide details of the qualifications and experience of all crew (use a separate sheet of paper if necessary).

## C Accident

1. When did the accident occur? Date  Time  am  pm

2. If after sunset, were the navigation lamps on? N/A  Yes  No

3. Where did the accident happen?

4. Conditions Sea  Weather  Visibility   
Wind speed  Wind direction  Tide

5. Estimated speed of the vessel at the time of the accident:

6. State clearly how the accident occurred.

7. Please provide a sketch showing the positions and wakes of vessels concerned as clearly as possible.  
Give measurements where possible.

## D Damage

1. Please describe all the damage to your vessel.

2. Estimated cost of damage \$

3. Have quotations for repair been obtained? Yes  No

If 'Yes', please attach the quotation(s) and tick to indicate enclosure. Enclosed

4. If you were in a collision with another vessel, please provide the following details:

(a) Registration number

(b) Owner Name   
Address

(c) Skipper Name   
Address

5. If damage was caused to third-party property other than that identified in D4 above, please provide the details below.

(a) Description of the property damaged

(b) Nature of damage

(c) Estimated cost of damage \$

(d) Owner Name   
Address

**E Injured persons**

1. What was the injured person doing (eg passenger, swimmer, water-skier etc)?

2. Injured person Name  Age   
Address

3. Nature of their injuries

4. Attending Hospital   
Doctor

5. Remarks as to their condition

**F Witnesses/authorities**

1. Please provide names of all the passengers in the insured vessel.

2. Were they paying passengers? Yes  No

3. Independent witnesses

[Redacted]

4. Was the incident reported to:

(a) the Maritime Safety Authority?

Yes  No

Date dd / mm / yyyy

(b) the Police?

Yes  No

Date dd / mm / yyyy

If 'Yes', advise names of contacts:

[Redacted]

Station/office

[Redacted]

5. Is any action pending?

Yes  No

If 'Yes', state against whom.

[Redacted]

G General

1. Are you of the opinion that the accident was caused or contributed to by the fault or negligence of your skipper?

Yes  No

If 'No', then who?

[Redacted]

Why?

[Redacted]

2. Did your skipper admit liability?

Yes  No

3. Did a third party admit liability?

Yes  No

4. Has any claim/demand been made against you?

Yes  No

If 'Yes', by whom and for what amount?

[Redacted]

\$ [Redacted]

Please attach all such demands and correspondence and tick to indicate enclosure.

Enclosed

5. Have any steps been taken to compromise or settle the matter?

Yes  No

If 'Yes', how and by whom?

[Redacted]

6. Is the owner of the other vessel insured?

Yes  No

If 'Yes', who is their insurer?

[Redacted]

7. Where can the damaged vessel be surveyed?

[Redacted]

Contact

Name

[Redacted]

Phone

[Redacted]

Email address

[Redacted]

## Declaration

I/We declare that:

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by insured

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

**PRINT**