



Insurance for Industry & Commerce

Level 7, 26 Hobson Street
Auckland, PO Box 3174
Auckland 1140, New Zealand

Marine Hull Claim Form

Insurer:

Policy no: Due:

Insured Details

Full name:

Address:

Phone nos: Home: Business:

Fax: Email:

Other Details

Date and locality of accident/loss:

Circumstances of accident/loss: *(A statement signed by the Master of the insured vessel will be required in ALL cases when such person is not the assured)*

Please include sketch if collision with another vessel:

Other Details

Details of damage to vessel/items lost:

Estimated cost of repairs/replacement:

\$

Where may vessel be surveyed:

Salvage charges: *(If any salvage services rendered, please give full details of such, including names of salvors and details of the services rendered and circumstances incurring such assistance)*

Damage to third parties

Full details of the incident:

Do you consider yourself to be liable for damages/injuries sustained by the third party, and state reasons:

Name and address of third party:

Has a claim been made on you?	Yes / No	If so, for what amount?	\$
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N.B. If a claim has been made on you by a third party, such should merely be acknowledged. DO NOT admit liability OR make any offer or promise of payment.

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

- (a) This claim form collects personal information about you.
- (b) The information is collected to evaluate your claim.
- (c) The intended recipient of the information is the named insurer.
- (d) The information is being collected and held by the named insurer.
- (e) The collection of this information is required pursuant to the terms of your insurance policy.
- (f) The failure to provide this information may result in your claim being declined.
- (g) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

DECLARATION

Note: Failure to provide full and truthful information could result in the claim being declined.

- I/We declare that the information given in this form is correct.
- I/We agree that, should there be any dispute over any payment of this claim, the named insurer shall be entitled to submit the dispute to arbitration.
- I/We authorise and request the New Zealand Police to release to the named insurer copies of any documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- I/We authorise the disclosure of personal information held by any other party regarding this claim.
- I/We agree to the named insurer releasing to other parties personal information regarding this claim.
- I/We authorise the insurer or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.
- I/We solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act, 1957. I/We acknowledge that if any information is incorrect or has been concealed it may result in the claim being declined.

I hereby agree that I have read and understood the above declaration: Yes / No

Insured's signature:

Date:

NOTE: Where vessel repaired, or lost items replaced, please forward RECEIPTED accounts as soon as they become available.