

boat
insurance

boat

claim report



Please retain this page for your information

About your claim

- ◆ We will contact you as quickly as possible about your claim.
- ◆ For most claims we will check the damage and have repairs authorised and paid for.
- ◆ If someone else involved in the accident contacts you about a claim, or just for information, refer the person to your local CGU Insurance office.
- ◆ If you receive a writ or summons, or anything else from a legal firm, forward it to us immediately.
- ◆ We need to handle everything related to your claim.
- ◆ Please refer to your policy booklet for more information about how your claim will be handled.
- ◆ We may need to get a police report.
- ◆ If you have any questions about your claim, please contact your local CGU Insurance office. The telephone numbers are:

Adelaide	(08) 8405 6300	Perth	(08) 9278 1333
Brisbane	(07) 3212 7878	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5320 1444
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

How you can resolve a dispute with us

Our dispute resolution system is free and works like this:

1. Please advise the staff at your local CGU Insurance office (phone numbers above) if you are dissatisfied with:
 - our decision on your claim,
 - our handling of your claim,
 - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager, for immediate attention.
4. If this fails to resolve your problem, you may request that the problem be referred to a Dispute Resolution Officer. This Officer will investigate the dispute and try to reach a satisfactory outcome with you, normally within 21 days of the date you requested the service of a Dispute Resolution Officer.
5. If you do not accept our decision, you may take the problem to the **General Insurance Claims Review Panel**, for an independent investigation. The Panel can assist with private consumer and some small business type claims.

The telephone number for the Claims Review Panel is **1300 363 683**.

More detailed information about this process is available from your local CGU Insurance office.

Boat Insurance Claim Report

Accident - Complete questions 1 - 38 and sign the Declaration
 Theft - Complete questions 1 - 20, questions 39 - 45 and sign the Declaration

Please answer all questions. This will help us process your claim quickly.
 If you need more space to answer any of the questions, please use a separate sheet of paper.
 Any attachments will form part of this claim report and the declaration will include them.

1. Policy number (from your schedule) Expiry date

: :	: : : : : :	: / /
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Office use only

Alpha code	XS	AD	Cause

2. Insured (surname, company, partnership)

Given name(s) of insured Occupation

Contact person (for company or partnership claims)

3. Are you registered for GST purposes?

No Yes What is your ABN? : : : : : : : : : :

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No Yes Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? No Yes Specify the percentage amount claimed or intended to be claimed %

Are you entitled to claim an input tax credit for repairs or replacement of your vessel?

No Yes Is the amount claimable less than 100%? No Yes Specify the percentage claimable %

4. Address

Postcode

5. Private telephone no. Business telephone no. Facsimile no.

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Insured vessel details

6. Description of vessel involved in the accident

Name	Type (e.g. yacht, motor)	Registration no.

Year of manufacture	Make and size of motor	HP <input type="checkbox"/>	Petrol <input type="checkbox"/>	Inboard <input type="checkbox"/>

7. Was a trailer involved in the accident?

No Yes Type Make Registration no.

8. Do you owe money on the vessel?

No Yes Lender's name Approximate amount owing

\$

9. Has the vessel been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer?

No Yes Describe the modifications / acces-

10. Was there any unrepaired damage to the vessel before the accident or theft?

No Yes Describe the unrepaired damage

11. Was there any other insurance on the vessel at the time of the accident or theft?

No Yes State the name of the insurance company

Policy no.

12. Is the vessel currently registered?

No Yes Expiry date

13. What were you using the vessel for at the time of the accident or theft?
(e.g. pleasure, racing, skiing, road transit, moored)

14. Was the vessel being used for skiing?

No Yes How many skiers were being towed?

Was there an observer on the boat?

No Yes

Person in charge of the vessel

15. Who was in charge of the vessel when the accident or theft happened? Relationship to insured (e.g. son, daughter)

Address

Postcode

Private telephone no.

Business telephone no.

Did the person in charge of the vessel have the knowledge and consent of the insured?

No Yes

16. Current boating licence no. Date of birth

17. Did this person drink any alcohol, or take any drugs or medication in the 12 hours prior to the accident?

No Yes What did this person drink or what drugs or medication did this person

When?

How much?

18. Has this person or the insured ever been charged with, or convicted of, a motoring or maritime offence (other than a parking offence) or been disqualified from driving a boat or any other vehicle in the past five years?

No Yes State the details

19. Has this person or the insured been charged with, or convicted of, any criminal offence in the last ten years?

No Yes Details of prosecutions, penalties, fines, bond imposed

20. Has this person or the insured ever had insurance declined or cancelled, had a renewal refused or had special conditions imposed by an insurer?

No Yes State the reasons

Accident details

21. When did the accident happen?

Day	Date	Time	a.m.	<input type="checkbox"/>
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	p.m.	<input type="checkbox"/>












22. Where did the accident happen?

23. How did the accident happen?

Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. **Please tell us all the facts, even if they are not in your favour.** Tell us which person you feel is at fault and why.

24. Using the symbols below draw a diagram of the accident scene showing the position of all vessels and vehicles (if any). Indicate by arrows the direction each was travelling, the north point of the compass, and any relevant information such as street names. Please identify any other vessels or vehicles involved as '2', '3', '4' etc. It is important that the sketch be as accurate as possible as it may be used in legal proceedings.

The accident occurred on land on water

Insured Vessel	Other Vessel	Swimmers	Skiers	Your vehicle	Other vehicle	Pedestrian, Cyclist etc.	Road	Stop sign	Give way sign	Lights
										
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>										

25. Please sketch the areas of your vessel damaged in the accident.

Your vessel

26. What were the weather conditions at the time of the accident?

Fine Overcast Raining Storm Other (specify)

In what direction was the wind blowing?

27. What is the estimated cost of repairs? Please attach a quote.

\$

28. If we wish to inspect the vessel, who do we contact and where will the vessel be?

Name of person

Telephone no.

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Address where the vessel is being kept

Postcode

Other vessel(s) details

29. Please provide information about the other vessel(s), even if they were not damaged. This will help our investiga-

Owner's details

Full name

Telephone no.

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Address

Postcode

Owner's insurance company

Policy no.

Make, model, body type

Registration no.

Year of manufacture

Details of person in charge of vessel

Full name

Telephone no.

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Address

Postcode

Current boating licence no. Date of birth

/ /

30. Please sketch the areas of the other vessel(s) damaged in the accident

Vessel 2

(If any other vessels were involved, please attach details of those vessels not mentioned above on a separate sheet)

31. As a result of the accident, was there any other property damaged (e.g. buoys, fences, telephone poles)?

No Yes Provide details

Name of property owner

Telephone number

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Address of property owner

Postcode

32. Was anyone injured as a result of the accident?

No Yes the driver or passenger in the insured vessel other vessel

Person's surname

Given name(s)

Address

Postcode

Telephone no.

Age

Nature of injuries

If taken to hospital, state the name of the hospital

33. Have you received a claim from the injured person or the owner of the damaged property?

No Yes Attach any correspondence relating to this claim

34. Were there any witnesses to the accident?

No Yes Name of witness

Address

Postcode

Telephone no.

Type of witness: Passenger in — insured's vessel — other vessel Independent eye

35. Did the police attend the accident?

No Yes Officer's name

Name of station

36. Was the accident reported to a police station?

No Yes Officer's name

Name of station

Date reported

37. Was any driver or person in charge of any vessel asked to take a blood / breathalyser test?

No Yes Insured driver/person the result % Other driver/per- the result %

38. Was any person charged with an offence or offences or advised that charges may be

No Yes Insured person and the offence(s)

Other person and the offence(s)

Theft details

39. What was stolen?

Vessel Contents or accessories Please list

40. When was the vessel last seen?

Day

Date

Time

a.m.

p.m.

41. Who last saw the vessel?

Full name

Relationship to insured (e.g. son, employee)

Address

Postcode

Private telephone no.

Business telephone no.

Facsimile no.

42. Who discovered the theft and when?

Full name	Date	Time	a.m.
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
			p.m. <input type="checkbox"/>

43. Do you know who is responsible for the theft?

No Yes State names and addresses or any other identifying information

<input type="text"/>
<input type="text"/>

44. To which police station was the theft reported?

Officer's name	Name of station	Date reported	Time	a.m.
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
				<input type="checkbox"/>

45. Was the vessel recovered?

No Yes Explain the circumstances surrounding the recovery (e.g. who, when, where)

<input type="text"/>
<input type="text"/>
<input type="text"/>

If damaged, provide details

<input type="text"/>
<input type="text"/>

Please sketch the areas of your vessel damaged in the theft.

Your vessel

<input type="text"/>

Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of the insured or person with authority sign for and on behalf of a company or partnership

<input type="text"/>

Date

<input type="text"/> / <input type="text"/> / <input type="text"/>
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Signature of the person in charge of the vessel (if not the insured)

<input type="text"/>

Date

<input type="text"/> / <input type="text"/> / <input type="text"/>
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Please indicate the number of additional pages attached to this claim report

<input type="text"/>

When complete, please forward the report to:

- CGU Insurance, GPO Box 9902 in the capital city of your state or
 - our agent or your broker or
 - your local CGU Insurance office.