



Claim Form – Commercial Hull & Boat Insurance

All questions on this claim form must be answered

The Insured											
Insured's name	Surname					Given Name(s)					
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 Number(s)		Business ()			Private ()						
		Facsimile ()			Mobile						

The Vessel									
		Make	Model No.	Year built	Reg./Serial No.	Hull-Length Motor – HP	Construction	Date purchased	
Description of insured vessel, motor, trailer	Hull							/ /	
	Dinghy							/ /	
	Motor							/ /	
	Motor							/ /	
	Trailer							/ /	
Description of equipment (including sails if applicable)								/ /	
								/ /	
								/ /	
								/ /	
Name of vessel									
Finance	Is the vessel financially encumbered? No <input type="checkbox"/> Yes <input type="checkbox"/>								
	If 'Yes', please give name and address of finance company								
							State		Postcode

The Loss/Incident							
Particulars of loss/ incident	When did loss/incident occur?		Date	/	/	Time	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?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	
-----------------------	-----------------------------	------------------------------	---------	--

Protest lodged (if applicable)?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
---------------------------------	-----------------------------	------------------------------

Where can vessel be inspected?

	Telephone No.	()
--	---------------	---	---

Address						
			State		Postcode	

If property lost/stolen, has it been reported to police?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
--	-----------------------------	------------------------------

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? No Yes

Details

b) been refused insurance? No Yes

Details

c) been charged/convicted of any offence? No Yes

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.		
Name of vessel				Name of insurance company			

Were you at fault? No Yes – Give reasons

Describe damage to other vessel, motor etc.

Estimated cost of repairs

Where is the 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? No Yes

Give details (including details of injury)

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

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.