

Commercial hull and boat claim form



QBE Insurance (Australia) Limited ABN 78 003191 035 AFSL 239 545

Commercial hull and boat insurance

On completion, please forward this claim form to your broker or our office in your State or email it to marineclaims@qbe.com as soon as possible so that you can receive our prompt attention.

Important information

- To make a claim on your policy, you must have completed all relevant sections of this Claim Form and return it to us promptly to process your claim. Any omissions may delay your claim.
- You should keep a copy of the completed claim form and any documentation you give to us.
- If you have any questions about your obligations in making a claim, feel free to contact us.
- You may be required to provide further information before we can make a decision.

Privacy statement

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 in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.com.

Policy number Expiry date / /

The Insured

Insured's name	Surname <input type="text"/>		Given Name(s) <input type="text"/>	
Are you registered for GST?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>
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%?	<input type="text"/> %
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%?	<input type="text"/> %
Address	<input type="text"/>			State <input type="text"/> Postcode <input type="text"/>
Contact Number(s)	Business <input type="text"/>	Private <input type="text"/>		
	Facsimile <input type="text"/>	Mobile <input type="text"/>		

The Vessel

Description of insured vessel, motor, trailer	Make and Model No.	Year built	Reg./Serial No.	Hull-Length Motor - HP	Construction	Date purchased
Hull						/ /
Dinghy						/ /
Motor						/ /
Motor						/ /
Trailer						/ /
Description of equipment (including sails if applicable)						/ /
						/ /
						/ /
						/ /

The Vessel (continued)

Name of vessel				
Finance	Is the vessel financially encumbered?		No	Yes
	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	or	pm
	Speed of vessel							
	Where did the loss/incident occur?							
	For what purpose was vessel being used?							
Who was in control of vessel at time of loss/incident	Person							
	Address							
	Age	Telephone No.	()	State	Postcode			
Boat driver's licence	Licence No.	Attach copy on submission	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)

Please attach image to email upon submission

Was vessel in a race?	No	Yes	Details					
Protest lodged (if applicable)?	No	Yes	Where can vessel be inspected?					
Address	State	Postcode						
Telephone No.	()	If property lost/stolen, has it been reported to police?	No	Yes				
Police Station	Date reported	/	/					
Police Officer	Time reported	am/	pm	Report No.				

What steps were taken to minimise loss/damage?

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)

Name and address of any Hospitals/Doctors etc. treating Third Parties.

Where were the Third Parties when the incident occurred?

Do you know the Third Party(ies)? No Yes - If 'Yes', how?

The Loss/Incident (Additional Space)

Do you want to provide additional information or make a statement to support your claim?

No Yes

Payment details

Would you like the funds deposited to your Australian bank account by electronic transfer?

No Yes

Bank name

BSB

Account name

Account number

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

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.