

Associated
MARINE INSURERS
Agents Pty. Ltd. (ACN 006 104 007)



Agent for and owned by
CGU Insurance Limited (ABN 27 004 478 371) and
Zurich Australian Insurance Limited (ABN 13 000 296 640)

Tasmania Branch
4th Floor Galleria Building, 33 Salamanca Place, Hobart
GPO Box 1905, Hobart Tas 7001
Telephone: (03) 6234 3933
Facsimile: (03) 6224 0151

HULL CLAIM FORM

Loss or Damage to Assured's Vessel Only

Please answer all questions in full. Any delay returning this form may prejudice your claim under the Policy.
The Insurers do not admit liability by the issue of this form.

ASSURED

Name

Address Tel. No.....

Are you registered for GST purposes?

No Yes > What is your ABN?

Have you claimed an input tax credit on the GST amount applicable to this policy?

No Yes

Is the amount claimed less than 100% of the GST applicable to the premium?

No Yes > Specify the percentage amount claimed%

POLICY DETAILS

Policy No. Expiry Date

Name of Vessel Registration No

HELMSMAN/DRIVER (Person in charge at time of accident)

Name

Address Tel. No.....

Relationship to Assured (if applicable) Age

Boating Licence No. Class How Long has licence been held?

Has Licence ever been endorsed or suspended, or the Helmsman/Driver convicted of any Maritime offence? (give details)

ACCIDENT DETAILS

Date Time Location

Weather Conditions

Sea Conditions

For what purpose was vessel being used at time of accident? (Tick) where applicable.

Hire Business Pleasure Racing Road Transit

Waterborne accidents

(a) Speed of vessel at time of accident (power vessels only)

(b) Were skiers being towed and if so, how many?

Explain fully how accident occurred (sketch may be attached).

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(See Over)

DETAILS OF LOSS OR DAMAGE (A quotation for repair will be required)

Estimate of Loss \$

Where can vessel be inspected?

Contact Tel. No.....

In your opinion was the accident your Helmsman's/Driver's fault?

If so, (a) Why?

(b) Have any claims been made on you?

or If not, (a) Who was to blame?

(b) Did such person admit any liability?

Note:- No liability of any sort shall be admitted nor any offer promise or payment made by the Assured to claimants nor legal expenses incurred without the written consent of the Insurers who shall be entitled if they so desire to take over and conduct in the name of the Assured the defence of any action, or to prosecute any claim for indemnity or damages or otherwise against any third party.

The Assured also undertakes to send to the Insurers as soon as possible, all claims, letters, summonses or writs relating to any accident addressed to the Assured or to the Assured's servants by the authorities or by third parties.

Names of any independent witnesses

Name Address Tel.No.....

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POLICE REPORT

Was the incident reported to the Police or Maritime Authorities?

Did you sign a statement?

State officer's name Number Stationed at

Has any action been taken or threatened? Against whom?

If so, what action?

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I hereby declare that my answers to the foregoing questions and particulars are to the best of my knowledge and belief true and correct.

Assured's Signature Dated at19

NOTE:
Should the claim be in respect of (A) Damage to Other Vessels or Property or (B) Injuries to Third Parties or Fare Paying Passengers, the appropriate Schedule (A or B) should also be completed and attached to this form.