



OFFICE USE ONLY

CLAIM No.: _____

ESTIMATE: _____

CLAIM FORM

ALL QUESTIONS ON THIS DECLARATION ARE TO BE ANSWERED

Policy No. _____ Expiry Date _____

Name of Insured in full _____ Date of Birth _____

Private Address _____

Postcode _____ Telephone No. _____ Email Address. _____

Business Address _____

Postcode _____ Telephone No. _____ Mobile No. _____

Description of insured boat: Hull: Make _____ Boat Name _____

Model _____ Hull Serial No. _____

Motor/s _____ Serial No./s _____

Trailer _____ Reg No. _____

1. When did loss/incident occur? Date _____ Time _____ Speed of boat _____

2. Where did loss/incident occur? _____

3a. For what purpose was the boat being used? _____

b. If racing (I) Was race a club event? Yes No

(II) Was race a major named race? Yes No Details _____

(III) How long was the race? _____

(IV) Was a protest lodged? Yes No Details _____

4. Were there any witnesses to the loss/incident? Yes No Details _____

5. Has the incident been reported to the Police? Yes No Date _____ Time _____

Police Station _____ Police Officer _____

Police File /Event No. (attach a copy of report if available) _____

6. What were the weather conditions at the time of loss? _____

7. Did you report the loss/incident to any Maritime Authority? Yes No Date _____ Report No. _____

8. Person in control of the boat at time of loss/incident _____ Age _____

If not the insured, please advise relationship? _____

Boat Qualifications _____

9. Were any drugs or alcohol consumed by the person in control within 24 hours of the incident? Yes No Please provide details:

10. Have you, or the person in control of the boat, made a claim of any nature in the last five years? Yes No Please provide details:

11. Have you been refused insurance in the last 5 years? Yes No Details: _____

12. Have you been convicted of any offence in the last 5 years? Yes No Details: _____

13. How many people (other than the driver) were in the boat at the time of the loss/incident? _____

14. Give a detailed description of how loss/incident occurred and damage sustained, property stolen or missing (please include photos if available).

15. Is there a financial interest on the boat? Yes No Details _____

16. Is there any other insurance on the property under the claim? Yes No Please provide details: _____

17. Where can the damaged property be inspected? _____

Repairer Name _____ Contact Phone Number _____

Estimated cost of repairs (attach quote) _____

18. If claim includes a claim for Personal Injury or Property Damage to a THIRD PARTY, the following details are required:

a) Third Party injured: Please provide details – Name/s, Address/es, Age/s and injuries sustained _____

b) Owner of other vessel _____

Address _____

c) Details of other vessel: Make of hull _____ Hull Serial No. _____ Make of motor _____

Name of insurance company _____

d) Name and addresses of any hospitals, etc., or doctors who treated Third Parties _____

e) Was the scene of the incident attended by Police or other persons of authority? Yes No Details: _____

f) Were there any independent witnesses to the incident? Yes No Provide names and addresses: _____

g) Did the other party admit Liability? Yes No Please provide details: _____

17a. If claim is for damage to Insured's property arising out of a motor vehicle accident, the following details of the vehicle towing Insured's property are required.

a) Make of vehicle and year _____ Reg No. _____

b) If vehicle insured, name of insurance company _____ Policy No. _____

c) Driver of vehicle at time of accident _____ Driver's Licence No. _____

Address _____ Postcode _____

17b. Details of other vehicle involved in accident:

a) Name and address of owner _____

b) Name of driver _____ Licence No. _____

Make of Vehicle and Year _____ Reg No. _____

c) If vehicle insured, name of insurance company _____

d) Policy No. _____ Expiry Date _____

CLUB MARINE CLAIMS IMPORTANT INFORMATION

Privacy

The Privacy Act 1993 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 0800 88 2582 8.30am-5pm, Monday to Friday and advise us of the changes.

Internal Dispute Resolution Statement

Disputes are not an everyday occurrence at Allianz Australia Insurance Limited trading as Club Marine. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact our approved external independent disputes resolution scheme (subject to eligibility).

Declaration .

- I/We _____ certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
- I/We _____ acknowledge that I/we have read and understood the Privacy Act 1993 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz Australia Insurance Limited trading as Club Marine will be unable to process my/our claim.

Signature of Insured _____ Date _____

Signature of Insured _____ Date _____



Tel 0800 88 CLUB (2582) Fax: (09) 309 3002 Email: nzclaims@clubmarine.co.nz PO Box 794, Shortland Street, Auckland 1140.

Insurance is Underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 (incorporated in Australia) trading as Club Marine Level 1, 152 Fanshawe Street Auckland 1010
Please read the Club Marine Pleasurecraft Insurance Policy available by phoning 0800 88 CLUB (2582)
or visiting www.clubmarine.co.nz before deciding if this product is right for you.

CMNZ CLM 11/12