

PleasureCraft Claim Form



All questions on this form must be clearly and fully answered, otherwise the processing of this claim may be delayed until the required information is supplied.

Where additional documents are requested, you must provide these for your claim to be considered.

If any question does not apply to the circumstances of your claim, please mark the response "not applicable"

Policy Number Claim Number (if known)

The Insured

Name Email

Address

Phone Fax Mobile

Vessel Claim Details

Vessel Name Type

Exact time of incident am pm Date / /

Where did the incident occur?

Latitude Longitude

Name of person operating the vessel at the time of the incident

If not the Assured, please advise relationship

Were any drugs or alcohol consumed by this person within 24 hours prior to the incident? **yes ~ no**

If yes, please advise when and the quantity

Owner's and Skipper's report/s on circumstances of loss and/or damage (if necessary continue on separate sheet and attach)

For what purpose was the vessel being used at the time of the incident? Pleasure Racing Commercial

If racing, has a protest been made? please provide details (attach a separate sheet if necessary)

Speed at time of incident

Tide: high / low / ebb / other If other, please describe:

Weather conditions: Visibility good fair very poor

Water calm moderate rough

Wind under 15 15 - 29 30 - 40 over 40 knots

Was the vessel on an approved mooring authorised for its use? **yes ~ no**

If yes, please give name and address of person giving approval and authorisation

Please advise date when mooring was last inspected / / By whom?

If the vessel was not on an approved mooring authorised for its use, please supply details:

Please give full details of the damage to the insured vessel and /or items lost _____

Where can the vessel be inspected? (location and contact details) _____

Has an estimate for the cost of repairs been obtained? **yes ~ no**

If yes, amount _____ From whom? _____

What action, if any, has been taken to minimise loss / damage or liability? _____

Did you own all the damaged / lost property? **yes ~ no**

If no, owner's name and contact details _____

Do you have any other insurance which may cover this loss? **yes ~ no**

If yes, please provide details of insurance company and address _____

If theft / burglary / malicious damage, have the Policy been notified? **yes ~ no**

If no, why not _____

If yes, station reported to _____ Date / /

Note: Please attach Policy Complaint Acknowledgement form

If burglary / theft, please advise what security arrangements were in place at the time of loss _____

Note: For theft / burglary claims, please attach details of items stolen including purchase price and date

Third Parties

No liability should be admitted by you, or any offer made to compensate for damage. All communications received should be forwarded to us immediately.

Was any other party involved in the incident? **yes ~ no**

If yes, has any claim been made on you? **yes ~ no**

If yes, please provide details of the claim _____

Estimate of loss or damage to third party property NZD _____

Other party's name _____

Other party's contact details _____

Type of boat and name _____

If insured, by whom? _____

Please provide brief details of damage to third party property _____

If a person, other than the Owner, was in charge of the other boat at the time of the incident, please provide name and contact details of that person

Do you consider other people were responsible for, or contributed to, the incident? **yes ~ no**

Has anyone admitted that they caused or contributed to the incident? **yes ~ no**

If yes to either of the two questions immediately above, please provide details _____

Were witnesses present? **yes ~ no**

If yes, please detail names and addresses of witnesses (including all crew, passengers and independent witnesses. Attach separate sheet if necessary)

Name	Address	Location of witness at time of incident

For collision claims please use this area for a sketch plan of the accident

Declaration / Privacy Act 1993 / Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We:

- a) Agree that any instructions given by you for the repair or removal/disposal of the vessel will be taken as being given on my/our behalf
- b) Agree to give any further information that may be required
- c) Understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim
- d) Authorise the disclosure of this personal information regarding this claim to other parties
- e) Authorise the obtaining by you from any other party personal information about me/us that is, in your view, relevant to this claim
- f) Authorise the obtaining by you from Insurance Claims Register (ICR Ltd), which hold details of claims made by me/us under policies with other insurers, personal information about me/us that is, in your view, relevant to this claim.
- g) Authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect.
- h) Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd
- i) Are fully authorised to complete and sign this claim on behalf of the person/s named in the proposal.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being denied.

Signature of Claimant _____ Date / /
Print Name _____

Please attach proof of ownership i.e. receipts, credit card slips or other supporting documents overleaf