

marine
insurance for
commercial hull



commercial hull

claim report

Please retain this page for your information

About your claim

- ◆ **You do not need to complete this form before we can start working on your claim** - the sooner you let us know the details, the quicker we can start to process your claim
- ◆ The issue of this Claim Report Form is not an admission of liability on our part.
- ◆ We will contact you as quickly as possible about your claim but for many claims we will check the circumstances and damage before we authorise and pay for repairs.
- ◆ **We may appoint a loss adjuster or investigator or contact you for more information.**
- ◆ When we settle a claim, we may pursue recovery rights against any other third party who caused the loss, damage or injury.
- ◆ Please ensure you answer the GST questions at Section 2 and 8.
- ◆ Please refer to your policy booklet for more information about how your claim will be handled.

If you have any questions about your claim, please contact our claims consultants on **1300 661 584**.

What you need to do

1. Inform us about the event as soon as possible – **before you complete this form.**
2. Take all reasonable measures to avoid or minimise any loss, damage or expense (the costs of which will be payable by the insurers in addition to the sum insured provided they are both reasonable and necessary).
3. Ensure that all rights against third parties are properly preserved and exercised.
4. Inform the police as soon as possible after a theft has occurred.
5. Inform us about the event as soon as possible.
6. Submit as soon as possible all written particulars, supporting documentation and correspondence regarding the event including invoices, statements or other documents evidencing the amount being claimed.

You should not, without our consent:

- Make or accept any offer or payment, defend settle or attempt to settle any claim.
- Admit responsibility for the incident.

When other parties may be liable:

- Do not release those parties from liability;
- Deliver to the parties responsible a notice of intention to claim;
- Inform us of the circumstances and let us have a copy of all relevant documents.

When complete, please forward the report to:

- **CGU Insurance, GPO Box 9902 in the capital city of your state or**
 - **our agent or your broker or**
 - **your local CGU Insurance office.**

Commercial Hull Claim Report

Please answer all questions. This will help us to process your application quickly.
 If you need more space to answer any of the questions, please use a separate sheet of paper.
 Any attachments will form part of this application and the declaration will include them.

Policy number (from your schedule)

:	:	:	:
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Expiry date

/	/	
---	---	--

CGU Insurance use only

Conditions

XS

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Cause

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1. Insured contact details

Surname or company name

--

Given name(s)

--

Address

	Postcode
--	----------

Private telephone no.

()	
-----	--

Business telephone no.

()	
-----	--

Facsimile

()	
-----	--

Contact name (for company claims)

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2. Are you registered for GST purposes?

No Yes What is your ABN?

:	:	:	:
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Have you claimed or do you intend to claim an input tax credit on the GST amount applicable to this policy?

No Yes Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No Yes Specify the percentage amount claimed/to be claimed %

3. Vessel details

Vessel name

--

	Make/model	Year built	Reg/serial no.	Length/HP	Construction	Date purchased
Hull						/ /
Dinghy						/ /
Motor						/ /
Sails/Masts/Spars						/ /
Trailer						/ /
Equip. details						/ /
						/ /
						/ /

4. Details of loss (cont'd)

6. Have the police been informed?

No Yes

Date reported

Name of police station

Name of police officer

Police report/incident number

7. If a third party was involved:

a) Were you responsible for the incident?

No Yes

Please give reasons

b) Was a third party involved and responsible?

No Yes

Please give reasons

Have you written to them holding them responsible?

No Yes

Where applicable, please attach copies of correspondence exchanged with the third party.

5. Third party property damage (if applicable)

1. Please provide details of the other party involved

Name

Address

Postcode

Insurance company details (if known)

2. a) What was damaged? (If another vessel, please give make, model, etc. if know)

b) Describe the damage

c) Estimated cost of repairs

3. If different from above, where can the property be inspected and contact details?

6. If the claim involves injury to other people:

1. Names and address(es) of other party(ies) involved (attach additional sheets as necessary):

Name

Address

 Postcode

Name

Address

 Postcode

Name

Address

 Postcode

2. a) Please provide details of what happened?

- b) Where were the third parties when the incident occurred?

- c) Details of injuries

- d) Do you have any relationship with the third parties?

No Yes What is the relationship?

3. Name and address of any doctors/hospitals etc. treating the injured parties

7. Details we require for survey purposes on your vessel:

1. Where is your vessel now?

 Postcode

2. Who should we contact to arrange a survey?

Telephone no.

 ()

Facsimile

 ()

Email

10. Documents attached to this claim report – Please tick where attached

- | | | |
|--|---|---|
| <input type="checkbox"/> Police report | <input type="checkbox"/> Claim on third party | <input type="checkbox"/> Third party reply |
| <input type="checkbox"/> Invoices or valuations | <input type="checkbox"/> Damage report | <input type="checkbox"/> Repair/replacement quote |
| <input type="checkbox"/> Medical reports | <input type="checkbox"/> Claim from third party | <input type="checkbox"/> Response to claim |
| <input type="checkbox"/> Survey report | <input type="checkbox"/> Photographs/diagrams | <input type="checkbox"/> Correspondence |
| <input type="checkbox"/> Other documents - please give details | | |

11. Previous Claims

If there is insufficient space, please attach a separate sheet of paper so that it can form part of this application:

Claims details	Value	Date of loss	Insurer
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	

Questionnaire: All questions must be answered by each of the applicants and not by the intermediary.
If insufficient space, please provide additional details on a separate page.

Please tick (✓) Yes or No and give details as requested

1. Has any insurer refused or cancelled cover or imposed special terms for insurance?

If Yes, please provide details:

2. Have you been charged with or convicted of a criminal offence in the last 10 years?

If Yes, please provide details:

3. Are there any other relevant facts relating to the risk to the claim which you should disclose to enable a true assessment before consideration?

If Yes, please state the facts:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

4. I/We declare that:

- To the best of my/our knowledge and belief the information provided herein is true and correct in every respect and I/we have not withheld any relevant information.
- I/We consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. In understand that if I/we choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.
- *I/We consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I/we consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me from investigators or legal advisors

* this consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

Signature of the Insured or person with authority to sign on behalf of the company

Date

 / /

5. Please indicate the number of additional pages attached to this application



Insurer
CGU Insurance Limited
ABN 27 004 478 371
An IAG Company