

# COMMERCIAL VESSEL INSURANCE CLAIM FORM

## SUBMITTING YOUR CLAIM

The insurer, QBE Insurance (Australia) Limited, manages claims under policies issued by SURA Marine.

Once you have completed this claim form please forward it to your insurance broker.

## INFORMATION WE MAY NEED

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by us or parties we appoint. This may include contacting others to verify the amount and extent of the claim.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

Please provide the following information/documentation where possible with your claim form:

- Quotation for repair / replacement
- Any other evidence of loss or damage including photographs
- Copy of any 'letter of demand' received from other parties

## PRIVACY STATEMENT

SURA Marine and QBE each have a privacy policy which sets out personal information they collect and how they collect, disclose, store and use it.

### SURA Marine

SURA Marine is committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas

and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.sura.com.au](http://www.sura.com.au)

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

### QBE Australia

We will collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so that we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit [www.qbe.com.au/privacy](http://www.qbe.com.au/privacy) or contact our customer care unit.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

All questions on this claim form must be answered

**POLICY NUMBER**

**THE INSURED**

Insured's name  Surname/Business Name  
 Given Name(s)

Are you registered for GST?  Yes  No

What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy?  Yes  No

Will you be claiming an amount less than 100%?  Yes  No

Specify amount claimed  %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?  Yes  No

Will you be claiming an amount less than 100%?  Yes  No

Specify amount claimed  %

Address

State  Postcode

Contact Number(s):

Business (  )  Private (  )

Facsimile (  )  Mobile

**THE VESSEL**

DESCRIPTION OF INSURED	MAKE	MODEL NO.	YEAR BUILT	REG/SERIAL NO	HULL-LENGTH MOTOR — HP	CONSTRUCTION	DATE PURCHASED
Hull	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Dinghy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Motor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Motor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

DESCRIPTION OF EQUIPMENT (INCLUDING SAILS IF APPLICABLE)

Name of vessel

FINANCE

Is the vessel financially encumbered?  Yes  No

If 'Yes', please give name and address of finance company

State

Postcode

THE LOSS/INCIDENT

When did loss/incident occur? / / Time  AM  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

State

Postcode

Age Telephone No. ( )

Boat driver's licence Licence No. Please attach photocopy 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)

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DIAGRAM OF CIRCUMSTANCES

Was vessel in a race?  Yes  No

If yes, please provide details

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Protest lodged (if applicable)?  Yes  No

Where can vessel be inspected?

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Telephone No. ( )

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Address

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State

Postcode

If property lost/stolen, has it been reported to police?  Yes  No

Police Station Date reported / /

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Police Officer Time reported  AM  PM

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Report No.

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What steps were taken to minimise loss/damage?

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Have you ever:

a) had previous claims?

Yes  No

Details

b) been refused insurance?

Yes  No

Details

c) been charged/convicted of any offence?

Yes  No

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? Give reasons

Yes  No

Describe damage to other vessel, motor, etc.

Estimated cost of repairs

Where is the vessel now?



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## DECLARATION AND AUTHORISATION

The information and answers given above are true, correct and complete in every detail.

I/We understand the claim may be refused if information is not true or is withheld.

I/We authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

I/We understand that insurers do not admit liability by the issue of this form.

**SIGNATURE OF INSURED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

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## PAYMENT DETAILS

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

Yes  No

Bank name

BSB

Account name

Account number

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