

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 the privacy of the personal information you provide to us. Any personal information you give us will be treated in accordance with the Privacy Act 1988.

If you require additional information or would like a copy of our privacy policy, please contact SURA Marine.

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 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

/ /

Dinghy

/ /

Motor

/ /

Motor

/ /

Trailer

/ /

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)

DIAGRAM OF CIRCUMSTANCES

Was vessel in a race? Yes No

If yes, please provide details

Protest lodged (if applicable)? Yes No

Where can vessel be inspected?

Telephone No. ()

Address

State

Postcode

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

Police Station Date reported / /

Police Officer Time reported AM PM

Report No.

What steps were taken to minimise loss/damage?

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?

SIGNATURE OF INSURED: _____

DATE: _____

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
