HULL

CLAIM FORM

* Please read this Claim Form prior to answering the questions. ALL questions must be answered as fully as possible.
* Please enclose all original details of demands or repair estimates and any other documents that are relevant to this incident.
* If there is insufficient room on this form to provide all the information please attach additional documents with any further information you feel may assist in processing your claim.
* If you have any questions in relation to the completion of this Claim Form, please contact your insurance broker.
* Please send the competed Claim Form, as soon as possible to your insurance broker.
* Appointment of legal representation should not occur without the prior written consent of Proteus Marine Insurance.
* You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from Us.

1. ***Insured Details***

Insured name Policy number

Address

Contact name Contact number

Contact email

1. **Vessel Details –** *If more than one of the vessels listed on this policy has been involved, please supply the following information for each additional vessel separately.*

**Hull** Type Make Model

Year Length Reg/sail no.

**Motor** Make Number of

Serial No.1 Year Power(HP)

Serial No.2 Year Power(HP)

Type of motor Inboard Outboard Stern drive Jet

Inboard runabout Rear mount Mid mount

Fuel Petrol Diesel Gas

**Trailer** Make Year Registration no. Length m

1. ***Theft Only***

Where was the vessel stolen from?

Was there evidence of forced entry? If so, please detail

1. ***Incident Details***

Where did the accident happen?

Date of accident Time am/pm

Who was in control of the vessel at the time

Age Boat licence number Class Expiry

For what purpose was the vessel being used

Speed of the vessel at the time of incident knots

State clearly how the incident occurred

Have you received any indication that a demand or claim will be made upon you for the incident? Yes No

If Yes, please provide details (including details of who is making the demand upon you and attach all documentation that you have received if the demand or claim has been make in writing)

Where can the vessel be inspected?

Was the accident reported to the Police or WorkCover? Yes No

If Yes, please provide details of who attended

Police station Event number

Date and time reported

1. ***Witness******-*** Please advise details of any witnesses to the accident (*if there are additional witnesses, please provide the below details separately)*

Name

Age Phone

Address

1. ***If damage was caused to a third party vessel or property please complete the below***

Owners name

Address

Phone

*Property*

Description of property

Nature of damage

*Vessel*

Make of hull Registration number

Name of vessel Third party’s insurer

Nature of damage to vessel

Where can the vessel be inspected

1. ***Injury to Other Persons***

Name

Address

Contact number

Nature of injury

1. ***Ownership and Other Insurance***

Are you the Sole Owner of the lost or damaged property? Yes No

If ‘No’, please provide details

1. ***Declaration***

I/We solemnly and sincerely declare:

a. That the information supplied on this Claim Form and Statement of Claim is true in every respect.

b. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.

c. That there was no other insurance covering this loss current at the date of this incident.

d. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings

resulting from this claim.

Insured

Signature

Date

**Privacy**

Proteus has a privacy policy which sets out personal information they collect and how they collect, disclosure, store and use personal information as well as how to access it, correct it or make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at the following website or by requesting it from our authorised representatives or service providers.

[www.proteusinsuance.com.au](http://www.proteusinsuance.com.au) or contact the Privacy Officer for Proteus on 1300 767 231