Boat Insurance Claim Form



The issue or acceptance of this form is not to be construed as an admission of liability on the part of the Company.

Please provide complete form. If there is insufficie	e details to the questions asked on this ent space for your answers please use the ection on the back of this form.	
1. Your Details		
Policy Number	Expiry Date	
Name of Insured		
Postal Address		
	Postcode	
Contact Name		
Home Phone Number	Work / Mobile Number	
2. Goods and Service	s Tax (GST)	
Are you registered for G If yes, provide your ABN		
What is your entitlement	t to an Input Tax Credit in respect of:	
Your boat insurance premium %		
rour boat insurance pre		
The property that is the	subject of this claim \%	
3. Your Boat Details		
Make	Model	
Motor	Serial No	
Trailer brand	Rego	
4. Type of Claim	That Five	
☐ Collision☐ Malicious Damage	☐ Theft ☐ Fire ☐ Storm ☐ Sinking	
☐ Transit Damage	Liability Other. Please specify.	

5. Incident	Details	
Date of Occ	urrence Time	
Where did ir	ncident occur?	
	State	
Please describe what happened. (Further area for comments and diagram on last page.)		
What purpo	se was your boat being used for?	
If your boat	was being used for a race or a speed trial, was it a:	
Club Eve	ent	
What was th	ne length of the race? Nautical miles	
Speed of bo	pat at the time of incident.	
What were t	he weather conditions at the time of the incident:	
Visibility Water Wind	Good Fair Very Poor Calm Moderate Rough Under 15 knots 15-29 knots 30-40 knots Over 40 knots	

6. Own Damage and Liability Claims	9. Loss reduction/Salvage
Name of person operating the boat	Have you taken any other action to recover or reduce your loss? No Yes. If yes, give details.
Address	
State	
Home Phone Number Work / Mobile Number	
	10. Other Parties
Boat Licence Number Expiry Date	Was another party injured or their property damaged in this incident? No Yes. If yes, please provide details.
Date of Birth Boating Experience	Name
/ / Years	Address
What is the relationship of this person to the insured?	Postcode
Is it alleged that any person involved in this incident was under the	Telephone Number
influence of alcohol or a drug? No Yes. If yes, details.	If this incident involves another boat or vehicle please provide:
	Make Model
	Registration No Colour
7. Theft Claims	Name of Insurer
7. Thert Glaims	
Where was the property being claimed for stolen from?	Please advise the extent of damage or injuries sustained.
Was there evidence of forcible entry or removal? \(\subseteq No \subseteq Yes \)	
How did they gain entry or remove the property being claimed?	
	Who do you consider responsible for this incident?
	Why do you consider this person responsible?
8. Police/Authorities – All Incidents	
Have you reported the incident to police?	
☐ No ☐ Yes. Provide details.	11. Witnesses
Police Station:	
Date & time reported:	Name
Police report number:	
(Attach copy)	Postal Address
If this incident involves a race or speed trial where a protest was lodged please advise the outcome of that protest.	
	Postcode
	Home Phone Number Work / Mobile Number

12. Ownership and Other Insurance	13. Insured's History		
Are you the sole owner of the lost or damaged property? No Yes. If no, provide details.	Have you ever - had previous claims? No Yes - been refused insurance? No Yes - been charged/convicted of any offence? No Yes		
	If you answered Yes to any of the above provide details.		
Are you able to make a claim with another insurance company for any of the property you are claiming now? No Yes. If yes, provide details.			
Name of Insurer			
Policy Number			
. Gief Hamser			
14. Schedule			
Please provide full details of your loss. If there is insufficient space below p	please show additional details on the back of this claim form.		
Description of Property Lost/damaged/stolen	Year Estimated Cost of Repairs Purchased Value (if damaged)		
To avoid delays in processing your claim, please attach all original repai			
Proof of ownership is required for stolen or lost items, i.e. original purch	nase invoices, receipts, valuations, etc.		
15. Claims Procedure			
 What you need to do: Take every reasonable precaution to prevent further loss, damage, cos Notify the police as soon as possible if the incident involves injury, theft Notify us as soon as possible about the claim; Assist us to manage the claim. This may include us inspecting your bo us under oath; Provide us with all reasonable proof that we require in respect of lost of Keep items that have been damaged and make them available for inspect of Allow us to take possession of damaged property that is the subject of 	t, attempted theft, malicious acts, or impact by a boat or vehicle; pat, interviewing you, or you providing written statements to or damaged items claimable under this policy; pection or assessment of repair costs;		
You must not:			
 Admit guilt, fault, or liability (except to the Police); Approve any repairs or arrange replacements (other than emergency repairs reasonably necessary to protect your boat against further loss or damage); 			
Dispose of any damaged property.			
16. Declaration			
I/We will notify Nautilus Marine immediately where this claim is for lost of the control of	or stolen property and any of it is found		
I/We certify that the information given in this form is truthful accurate ar	nd complete. No information likely to affect this claim has been withheld. I/We		
understand that this claim may be refused if information is untrue, inaction is understand that this claim may be refused if information is untrue, inaction is untrue	curate or concealed.		
Insured/s Signature	Date		

ADDITIONAL INFORMATION - Please use this area to provide any additional details in relation to this incident.
Details of incident
Diagram of incident

Administered by NM Insurance Pty Ltd T/as Nautilus Marine Insurance

ABN 34 100 633 038 AFSL 227186

28-32 George Street, Sandringham Victoria 3191 Phone: 1300 780 533 Fax: 03 8599 5099