



# CLAIM FORM

THE ISSUE BY THE COMPANY OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY.

OFFICE USE ONLY

CLAIM No.: \_\_\_\_\_

ESTIMATE: \_\_\_\_\_

ALL QUESTIONS ON THIS DECLARATION ARE TO BE ANSWERED

Policy No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Name of Insured in full \_\_\_\_\_ Date of Birth \_\_\_\_\_

Private Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone No. \_\_\_\_\_ Email Address. \_\_\_\_\_

Business Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Are you registered for GST? Yes  No  ABN Number: \_\_\_\_\_

To what extent are you entitled to claim an Input Tax Credit on your insurance premiums on this policy? \_\_\_\_\_ %

Description of insured boat: Hull: Make \_\_\_\_\_ Boat Name \_\_\_\_\_

Model \_\_\_\_\_ Reg No. \_\_\_\_\_

Motor/s \_\_\_\_\_ Serial No./s \_\_\_\_\_

Trailer \_\_\_\_\_ Reg No. \_\_\_\_\_

1. When did loss/incident occur? Date \_\_\_\_\_ Time \_\_\_\_\_ Speed of boat \_\_\_\_\_

2. Where did loss/incident occur? \_\_\_\_\_

3a. For what purpose was the boat being used? \_\_\_\_\_

b. If racing (I) Was race a club event?  Yes  No

(II) Was race a major named race?  Yes  No Details \_\_\_\_\_

(III) How long was the race? \_\_\_\_\_

(IV) Was a protest lodged?  Yes  No Details \_\_\_\_\_

4. Were there any witnesses to the loss/incident?  Yes  No Details \_\_\_\_\_

5. Has the incident been reported to the Police?  Yes  No Date \_\_\_\_\_ Time \_\_\_\_\_

Police Station \_\_\_\_\_ Police Officer \_\_\_\_\_

File /Event No. (attach a copy of report if available) \_\_\_\_\_

6. Did you report the loss/incident to any Maritime Authority?  Yes  No Date \_\_\_\_\_ Report No. \_\_\_\_\_

7. Person in control of the boat at time of loss/incident \_\_\_\_\_ Age \_\_\_\_\_

Boat Licence number \_\_\_\_\_ Expiry date \_\_\_\_\_ Please provide a copy of Boat Licence

8. Have you, or the person in control of the boat, made a claim of any nature in the last five years?  Yes  No Details \_\_\_\_\_

9. Have you been refused insurance in the last 5 years?  Yes  No Details \_\_\_\_\_

10. Have you been convicted of any offence in the last 5 years?  Yes  No Details \_\_\_\_\_

11. How many people (other than the driver) were in the boat at the time of the loss/incident? \_\_\_\_\_

12. Give a detailed description of how loss/incident occurred and damage sustained, property stolen or missing (please include photos if available).

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

12. (continued)

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13. Is the boat financially encumbered?  Yes  No Details \_\_\_\_\_

14. Is there any other insurance on the property under the claim?  Yes  No Details \_\_\_\_\_

15. Where can the damaged property be inspected? \_\_\_\_\_

Estimated cost of repairs (attach quote) \_\_\_\_\_

16. If claim includes a claim for Personal Injury or Property Damage to a THIRD PARTY, the following details are required:

a) Third Party injured: Please provide details – Name/s, Address/es, Age/s and injuries sustained \_\_\_\_\_

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b) Owner of other vessel \_\_\_\_\_

Address \_\_\_\_\_

c) Details of other vessel: Make of hull \_\_\_\_\_ Reg No. \_\_\_\_\_ Make of motor \_\_\_\_\_

Name of insurance company \_\_\_\_\_

d) Name and addresses of any hospitals, etc., or doctors who treated Third Parties \_\_\_\_\_

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e) Was the scene of the incident attended by Police or other persons of authority?  Yes  No Details \_\_\_\_\_

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f) Were there any independent witnesses to the incident?  Yes  No Provide names and addresses \_\_\_\_\_

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17a. If claim is for damage to Insured's property arising out of a motor vehicle accident, the following details of the vehicle towing

Insured's property are required.

a) Make of vehicle and year \_\_\_\_\_ Reg No. \_\_\_\_\_

b) If vehicle insured, name of insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

c) Driver of vehicle at time of accident \_\_\_\_\_ Driver's Licence No. \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

17b. Details of other vehicle involved in accident:

a) Name and address of owner \_\_\_\_\_

b) Name of driver \_\_\_\_\_ Licence No. \_\_\_\_\_

Make of Vehicle and Year \_\_\_\_\_ Reg No. \_\_\_\_\_

c) If vehicle insured, name of insurance company \_\_\_\_\_

d) Policy No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

Diagram of Circumstances

# IMPORTANT INFORMATION

## PLEASE READ CAREFULLY & SIGN

Disputes are not an everyday occurrence at Club Marine. However we do provide an internal dispute resolution process should any dispute arise. You need only to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme.

The *Privacy Act 1988* requires us to tell you that in connection with this claim we collect your personal and sensitive information in order to:

- Calculate your loss and entitlements;
- Determine Allianz Australia Insurance Limited's liability;
- Compile data; and
- Handle claims.

When handling claims, we may have to disclose your personal and other information to Allianz Australia Insurance Limited, third parties such as other insurers, loss adjusters, external claim data collectors, investigators, agents, to the Insurance Reference Service (IRS), or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact your nearest Club Marine Office, 8.30am to 5.30pm, Mon-Fri and advise us of any changes.

Should you wish to obtain more information about Club Marine privacy policies, please contact us and ask for a copy of our booklet called '*Privacy*'.

From time to time we may advise or offer you information on other Club Marine products or services that may be relevant and of interest to you. If you do not wish to receive these offers or information please call your nearest Club Marine Office.

### DECLARATION

- I hereby solemnly declare that the information above and on the face hereof is a true and faithful account of the event sustained by me and that I have not concealed anything which may be relevant to your consideration of this claim.
- I/We acknowledge that I/we have read and understood the *Privacy Act 1988* information referred to above and consent to the collection, storage, use and disclosure on my/our personal and sensitive information of all persons affected by this claim. I acknowledge that if I/we do not agree to the collection of my/our personal and sensitive information then Club Marine will be unable to process my/our claim.

DECLARED at \_\_\_\_\_ Date \_\_\_\_\_

Before me \_\_\_\_\_ Justice of the Peace / Practising Solicitor / Commissioner of Declarations \_\_\_\_\_

Insured's signature

### OFFICES – Club Marine Limited ABN 12 007 588 347

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- Queensland** – 1029 Manly Road, Tingalpa 4173. Tel: 1300 00 CLUB (2582) Fax: (07) 3348 1819
- South Australia** – Level 6, 89 Pirie Street, Adelaide 5000. Tel: 1300 00 CLUB (2582) Fax: (08) 7420 8240
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Email address: [claims@clubmarine.com.au](mailto:claims@clubmarine.com.au)

This Policy is Underwritten by Allianz Australia Insurance Limited AFS Licence No. 234708 ABN 15 000 122 850 and is issued in accordance with the Insurance Contracts Act 1984.

