

Marine Hull Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz Marine & Transit Underwriting Agency.

Once completed this form and attachments can either be scanned and sent by email to marine@allianz.com.au or posted to the address shown below.

Insured's Details

Name of insured _____

Contact person _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Email _____

Postal address _____
 _____ State _____ Postcode _____

Broker/Agent _____

Telephone no. () _____

Policy no. _____

Vessel name _____

Type of Vessel _____

Should a survey be required, our appointed surveyor will contact the person shown above, unless you advise an alternative contact.

GST

Are you registered for GST purposes? Yes No

ABN _____

Are you entitled to claim an input tax credit for repair or replacement of the items that have been lost or damaged? Yes No

Will you be claiming less than 100%? Yes No

If No, what percentage _____ %

Settlement Details

Where applicable Allianz Marine & Transit Underwriting Agency will settle directly in your bank account once the liability for this claim is agreed.

Please provide your banking details

Bank _____

BSB _____

Account name _____

Account no. _____

If you require settlement by cheque please tick here

Incident Details

When did incident occur? Date ____ / ____ / ____ Time _____

Place of incident _____

Description of the incident _____

Details of Damage to Insured Vessel

Where can Vessel be inspected? _____

Name of repairer _____

Address _____

_____ State _____ Postcode _____

Telephone no. () _____

Estimate of repair costs \$ _____

Details of Damage to Any Third Party Property

Please provide details of loss or damage to any other vessels or third party property

Owner's name of other damaged vessel or property _____

Address _____

_____ State _____ Postcode _____

Estimate of repair costs \$ _____

Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.allianz.com.au or contact us on 1300 360 529 EST 9am-5pm, Monday to Friday.

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the privacy information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured _____ Date ____ / ____ / ____

Position _____