

Hull/Pleasure Craft Claim Form

We're sorry to hear you've had an accident with your boat. Our aim is to assist you manage your claim and settle with your insurer as quickly as possible. You can help us do this by ensuring this claim form is completed promptly and that all questions are fully answered. If insufficient space, please attach a separate sheet, indicating the Section and Question you wish to complete.

What you need to do:

- Take every reasonable precaution to prevent further loss, damage, cost or liability;
- Notify the police as soon as possible if the incident involves injury, theft, attempted theft, malicious acts, or impact by a boat or vehicle;
- Notify us as soon as possible about the claim;
- Assist us to manage the claim with your insurers. This may include your insurers requiring an inspection of your boat, interviewing you, or you providing written statements to them under oath;
- Provide your insurers with all reasonable proof that they require in respect of lost or damaged items claimable under this policy;
- Keep items that have been damaged and make them available for inspection by your insurers or for assessment of repair costs;
- Allow your insurers to take possession of damaged property that is the subject of a claim.

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 without the approval of your insurers.

Your Privacy

Logical Insurance Brokers is bound by the Privacy Act 1988 (Cth).

We are committed to protecting your privacy.

We collect, use, process and store personal information and, in some cases, sensitive information about you and your company to assist us manage your claim. Your insurer will be provided with this information in order to assess your claim. By providing this information to us, and your insurer, you consent to our, and your insurers, use of this information. This includes us, and your insurers, disclosing your information, where relevant, to affiliates of your insurers, other insurers and reinsurers and any service providers (including loss adjusters, surveyors, lawyers, accountants and investigators), insurance reference bureaus, and any business partners as required by law within Australia or overseas. You understand that any personal and sensitive information disclosed to organizations located overseas may not be protected in the same way as it is in Australia.

Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above. If you do not provide the requested information or consent to its collection and disclosure as described above, we may not be able to effectively manage your claim and your insurers may not be able to adequately assess your claim, or your claim may be delayed or your insurers may not accept your claim.

Your insurers may also obtain information from government offices and third parties to assess the claim in the event of loss or damage. Information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is contained within our Privacy Policy. Please refer to our website for further information.

Contact us

You can contact our Privacy Officer using the details below:

Privacy Officer

Suite 21 Level 2 8 Hill Street Surry
Hills NSW 2010
PO Box 103
Darlinghurst NSW 1300

Phone 02 9328 3322
Facsimile 02 9328 3323
team@logicalinsurance.com.au

Claim Number

Section 1. Details of the Policyholder

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Name Address Post Code Email Mobile Work Phone Home Phone Fax Policy Number Expiry Date What is your Australian Business Number (ABN)? Are you registered for GST? Yes No To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium? %Your Occupation/Bus/Industry/Trade Name any other interested party How interested Address Post code Is there any other Insurance in force which would cover this in whole or part Yes No If **YES**, please advise in the space providedInsurer's Name Policy Details

Section 2. Policy details

| | | | |
|---------------|--|----------------|--|
| Policy Number | <input style="width: 95%;" type="text"/> | Expiry Date | <input style="width: 95%;" type="text"/> |
| Vessel Name | <input style="width: 95%;" type="text"/> | Registration | <input style="width: 95%;" type="text"/> |
| Make | <input style="width: 95%;" type="text"/> | Year | <input style="width: 95%;" type="text"/> |
| | | Model | <input style="width: 95%;" type="text"/> |
| Motor | <input style="width: 95%;" type="text"/> | Year | <input style="width: 95%;" type="text"/> |
| | | Serial # | <input style="width: 95%;" type="text"/> |
| Trailer Brand | <input style="width: 95%;" type="text"/> | Year | <input style="width: 95%;" type="text"/> |
| | | Registration # | <input style="width: 95%;" type="text"/> |

Section 3. Type of claim

| | | | | | |
|------------------|--------------------------|-----------|--------------------------|---------|--------------------------|
| Collision | <input type="checkbox"/> | Theft | <input type="checkbox"/> | Fire | <input type="checkbox"/> |
| Malicious damage | <input type="checkbox"/> | Storm | <input type="checkbox"/> | Sinking | <input type="checkbox"/> |
| Transit damage | <input type="checkbox"/> | Liability | <input type="checkbox"/> | Other | <input type="checkbox"/> |

If **OTHER**, please specify,

Section 4. Incident Details

Where did the incident occur Date Time

For what purpose was the vessel being used at the time of the accident? (tick where applicable)

Hire
 Business
 Pleasure
 Racing
 Road Transit

Please describe what happened

If your boat was being used for a race or a speed trial, was it a:

Club event or a named race

Please provide details

What was the length of the race? Nautical miles

Speed of the boat at the time of incident

What were the weather conditions at the time of the incident?

Visibility: Good Fair Very Poor

Water: Calm Moderate Rough

Wind: Under 15 knots 15-29 knots 30-40 knots

Over 40 knots

Section 5. Own damage and liability claims

Name of person operating the boat

Address Post code

Mobile Phone Work Phone Home Phone

Boat License Number Expiry Date

Date of birth Boating experience Years

What is the relationship of this person to the insured?

Estimate of Loss \$

Where can the vessel be inspected?

Contact Name Phone Number

In your opinion was the accident your Helmsman's/Driver's fault? Yes No

Why?

Have any claims been made on you?

In your opinion was the accident another person's fault? Yes No

Please explain why

Did such person admit any liability?

Is it alleged that any person involved in this incident was under the influence of alcohol or a drug?
No Yes

If **YES**, please provide details

Section 6. Theft claims

Where was the property being claimed for stolen from?

Was there evidence of forcible entry or removal? No Yes

How did they gain entry or remove the property being claimed?

Section 7. Police/Authorities – All incidents

Have you reported the incident to the police or Maritime Authorities?

No

Yes

If **YES**, provide details

Police Station

Date reported

Time reported

Police report number (attach copy)

Has any action been taken or threatened?

No

Yes

If **YES**, against whom

Section 8. Loss reduction/Salvage

Have you taken any other action to recover or reduce your loss?

No

Yes

If **YES**, please give details

Section 9. Other parties

Was another party injured or their property damaged in this incident?

No

Yes

If **YES**, please give details

Name

Telephone number

Address

Post code

If this incident involves another boat or vehicle please provide;

Make Model Registration #

Color Name of insurer

Please advise the extent of damage or injuries sustained

Who do you consider responsible for this incident?

Why do you consider this person responsible?

Section 10. Witnesses

Name

Address

Post code

Mobile Phone

Work Phone

Home Phone

Section 11. Policyholder's History

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 please provide details

Declaration and Authorisation (must be completed)

I/We declare that the above statements are true, correct and complete in every detail and that I/we have not suppressed or mis-stated any facts. I/we understand the claim may be refused if information is not true or is withheld.

I/We authorize insurers to give and to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insureds credit or insurance history as well as insurance claims information obtained during the course of this contract.

I/We expressly agree that the information given by me/us is provided with my full knowledge and consent and further agree to hold harmless and indemnify Logical Insurance Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this claims form headed "Your Privacy".

Date: _____

Signature of the insured: _____

