

# CLAIM FORM



Please fully complete where applicable and return to Mariner Marine Insurance

## POLICY HOLDER DETAILS

Policy Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
 First Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Postal Address, (if different): \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## VESSEL AND LOSS / INCIDENT DETAILS

Vessel's Name: \_\_\_\_\_ Type of Vessel: \_\_\_\_\_  
 Exact Time of Loss / Incident: \_\_\_\_\_ am / pm Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Location of Loss / Incident: \_\_\_\_\_  
 Owner(s) and / or Skipper's report on circumstances (if necessary continue on a separate sheet and attach): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For what purpose was the boat being used? Pleasure  Racing  Commercial   
 Speed at time of loss / incident: \_\_\_\_\_ Tide: \_\_\_\_\_  
 Weather Conditions:  
 Visibility: Good  Fair  Very Poor   
 Water: Calm  Moderate  Rough   
 Wind: Under 15  15 - 29  30 - 40  Over 40 Knots

Name of person operating the vessel at the time of the incident: \_\_\_\_\_  
 If not insured please advise relationship: \_\_\_\_\_  
 Were any drugs or alcohol consumed by this person within 24 hours prior to the incident? Y  N   
 If so, please advise when and quantity: \_\_\_\_\_  
 Details of damage and / or items lost: \_\_\_\_\_  
 \_\_\_\_\_

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

**VESSEL AND LOSS / INCIDENT DETAILS CONTINUED**

Where can the vessel be inspected? \_\_\_\_\_

Has an estimate for the costs of repairs been obtained? Y  N  If Yes, what Amount? \_\_\_\_\_

Repairer: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Do you own all the damaged / lost property? Y  N  If No, Owner's Name: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Do you have any other insurance that may cover this loss? Y  N

If Yes, please provide details of insurance company: \_\_\_\_\_

Have you previously had any insurance claims: Y  N  If Yes, please provide details: \_\_\_\_\_

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

If theft / burglary / malicious damage, or any items are lost:

1. *The Police must be notified.* Police Station Advised: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Police File Number: \_\_\_\_\_

*Please attach the Police Complaint / Acknowledgement Form.*

2. What security arrangements were in place at the time of the loss: \_\_\_\_\_

\_\_\_\_\_

**THIRD PARTIES**

*No liability should be admitted by you, or any offer made to compensate for damage. All communications received should be forwarded to us immediately.*

Was any other party involved in the loss and / or damage? Y  N

If Yes, name and address of owner of other vessel or property: \_\_\_\_\_

\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Insurer: \_\_\_\_\_

Do you consider the incident to be the fault of any person other than yourself? Y  N

If Yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Did the other person admit liability? Y  N  If Yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Has any claim or intimation of claim been made upon you? Y  N  If Yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Witnesses including all crew and passengers:

Name

Address

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

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**THIRD PARTIES CONTINUED**

For collision claims please use this area for a sketch plan of the accident:

**DECLARATION**

**Privacy Act 1993 / Insurance Claims Register Declaration**

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We

- (a) Agree that any instructions given by you for the repair or removal/disposal of the vessel will be taken as being given on my/our behalf.
- (b) Agree to give any further information that may be required.
- (c) Understand you require this personal information, which will be retained by you before you can evaluate my/our claim.
- (d) Authorise the disclosure of this personal information regarding this claim to other parties.
- (e) Authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim.
- (f) Authorise the obtaining by you from Insurance Claims Register (ICR Ltd) which hold details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim.
- (g) Authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect.
- (h) Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd.
- (i) Are fully authorised to complete and sign this claim on behalf of the person/s named in the proposal. The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being denied.

Name of Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_