

CLAIM FORM



Please fully complete where applicable and return to Mariner Marine Insurance

POLICY HOLDER DETAILS

Policy 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 <input type="checkbox"/>	Fair <input type="checkbox"/>	Very Poor <input type="checkbox"/>
Water:	Calm <input type="checkbox"/>	Moderate <input type="checkbox"/>	Rough <input type="checkbox"/>
Wind:	Under 15 <input type="checkbox"/>	15 - 29 <input type="checkbox"/>	30 - 40 <input type="checkbox"/> Over 40 Knots <input type="checkbox"/>

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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. (Note: Failure to provide may result in your claim being denied).

REQUIRED:

Name of Proposer: _____ Signature: _____ Date: _____