



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

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).

12. (continued)

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 _____

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 _____

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

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

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 1993* 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 New Zealand Limited liability;
- Compile data; and
- Handle claims.

When handling claims, we may have to disclose your personal and other information to Allianz New Zealand Limited, third parties such as other insurers, loss adjusters, external claim data collectors, investigators, agents, to the Inland Revenue Dept. (IRD), 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 1993* 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

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