



Hull

Claim form

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

Please provide the following information/documentation where possible with your claim form

- Quotation for repair/replacement
- Accident/incident report/statutory notice
- Witness statements
- Letter of demand
- Please attach a separate sketch scene of the accident and include photographs.

1 Insured details

Policy number	Claim number		
.....			
Insured name		
Address	State	Postcode	
.....			
Contact name		
Contact number/s	Email	

2 GST declaration

Are you registered for GST? Yes No If 'Yes', please provide ABN number

Have you claimed an input tax credit on the GST amount applicable to this policy? Yes No

If 'Yes', is the amount claimed less than 100%? Yes No

If 'Yes', please advise percentage of GST claimed is applicable to the premium %

3 Skipper/driver details (person in charge at time of incident)

Name

Address

Contact number

Boat licence number

Expiry date / /

Class of licence

Relationship to insured

Was the skipper/driver involved in the event under the influence of liquor or a drug? Yes No If 'Yes', please provide details

4 Claim information (continued)

Date of loss/damage / /

Please provide details of how loss/damage occurred

Where did the loss/damage occur?

Please advise location of damaged vessel

Description of insured vessel

Name of vessel Make Model number

Year built Purchase date / / Hull

Rego/serial number Construction Motor/s HP

Trailer Equipment

Is the vessel financially encumbered? Yes No If 'Yes', please provide details

Boating incident

Sea conditions at time of incident Weather conditions at time of incident

Speed of vessel at time of incident knots

Was your vessel in survey or class at the time of loss or damage? Yes No

Please provide details of the activity the boat was engaged in at time of incident

Please advise number of passengers in the boat at time of incident

Names/addresses/contact numbers of passengers

Names/addresses/contact numbers of independent witnesses

Were skiers being towed? Yes No If 'Yes', please advise number of skiers

Was salvage service required? Yes No If 'Yes', please provide details including name, address and contact numbers of any salvors

Estimate of repair cost AU\$ Is there a quotation for repairs? Yes No If 'Yes' please attach quotation

4 Claim information

Date of loss/damage / /

Please provide details of how loss/damage occurred

Where did the loss/damage occur?

Please advise location of damaged vessel

Theft incident

Please provide details of stolen items

Estimate of Loss AU\$

Was there evidence of forcible entry or removal? Yes No If 'Yes', please provide details

Was the incident reported to the Police or Maritime Authorities? Yes No If 'Yes', please advise

Officer's name Stationed at Report number

Did you sign a statement? Yes No

Has any action been taken or threatened by third party? Yes No If 'Yes', please provide details

Third party property damage

Please provide details of loss or damage to other vessels or property

In your opinion, was another boat at fault? Yes No If 'Yes', please provide details

Have you received any claim/demand from a third party? Yes No If 'Yes', please attach the original

Was there any other vessel involved? Yes No If 'Yes', please advise

Name of vessel Rego/serial number

Owners name/address/contact number

Please provide details of damage to other vessel

Estimated repair cost AU\$

Was there any other damage to property? Yes No If 'Yes', please advise

Owners name/address/contact number

Please provide details of damage to other vessel

Estimated repair cost AU\$

4 Claim information (continued)

Personal injury to third parties

Have you received any claim demand from a third party? Yes No If 'Yes', please attach the original

Please indicate if injured party was On your vessel On a third party vessel Swimmer Water skier

Third party name _____ Age _____

Third party address/contact number _____

Names/addresses/contact numbers of independent witnesses _____

Name of hospital/doctor _____

Details of injuries sustained _____

5 EFT payment details (please complete this section if you require payment directly into your account)

Account name _____ Account number _____

Bank name _____ BSB Number _____

Bank address _____ State _____ Postcode _____

Overseas payment

Swift Code _____ ABA Code _____ Sort Code _____

6 Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Name (Please print) _____

Signature of insured _____ Date / /