

Marine Liability

(damage to other vessels/property or injury to third party persons)

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

- Letter of demand from third party
- Repair quotes from third party
- Accident/incident report/statutory notice
- Witness statements
- Please attach a separate sketch scene of accident including photographs.

Pleasure craft/commercial hull

Please complete all sections for property damage claims except section 8

Please complete all sections for personal injury claims except section 6 and section 7.

Marine operator/ship repairer's/port authority/stevedores liability

Please complete all sections for property damage claims except section 4 and section 8

Please complete all sections for personal injury claims except section 6 and section 7.

Important note

No liability of any sort should be admitted nor any offer, promise or payment made by the insured to claimants, nor legal expenses incurred, without the written consent of the insurers who shall be entitled if they so desire to take over and conduct in the name of the insured the defence of any action, or to prosecute any claim for indemnity or damages or otherwise against any third party.

The insured also undertakes to send to the insurers as soon as possible, all claims, letters, summons or writs relating to any accident addressed to the insured or to the insured's servants by the authorities or by third parties.

1 Insured details

Policy number	Claim number
Insured name	
Postal 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 Incident details

Please attach a sketch of scene of accident _____

Please advise date of incident _____ / _____ / _____ Time _____

Please provide details of loss/damage incident (attach a separate page if insufficient space)

Location of incident _____

Sea conditions _____ Weather conditions _____

Has the incident been reported to the police, maritime authority or Workcover? Yes No

Police report number _____ Officer's name _____

Has any action been taken or threatened? Yes No If 'Yes', please advise by whom and action taken _____

4 Incident involving the insured's vessel

Please indicate the activity of the vessel at time of accident? Hire Business Pleasure Racing

Speed of vessel at time of accident _____ knots

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

Name of driver of insured's vessel _____ Age _____

Address _____

Contact number _____ Relationship to insured _____

Boating licence number _____ Class of licence _____ Year issued _____

Has the driver ever been convicted of a maritime offence? Yes No Unknown If 'Yes', please provide details _____

Has the driver's licence ever been endorsed or suspended? Yes No Unknown If 'Yes', please provide details _____

5 Other vessels involved in incident

Aside from the insured's vessel, was any other vessel involved? Yes No

If 'Yes', please provide details of each vessel involved (if insufficient space, please attach additional information)

Name of vessel _____ Registration number _____

Name of owner _____

Address _____ Contact number _____

Name of driver of vessel _____

Address _____ Contact number _____

Boating licence number _____ Class of licence _____ Year issued _____

Please advise if the driver has ever been convicted of a maritime offence Yes No Unknown If 'Yes', please provide details _____

Has the driver's licence ever been endorsed or suspended? Yes No Unknown If 'Yes', please provide details _____

6 Loss or damage to other vessel or property

Vessel (other than insured's vessel)

Name of vessel Registration number

Name of owner

Address Contact number

Please provide details of damage

..... Estimated repair cost \$

Property damage (other than insured)

Name of owner

Address Contact number

Please provide details of damage

..... Estimated repair cost \$

7 Terms and conditions

Do you operate under any terms and conditions? Yes No If 'Yes', please attach a copy

Do the terms and conditions form part of your slipping/berthing/mooring agreement? Yes No

Was the third party asked to sign and complete an agreement? Yes No

Was the third party asked to read the terms and conditions before signing the agreement? Yes No

Did they understand the terms and condition before signing? Yes No

Other insurance

Is the third party's vessel/property insured? Yes No If 'Yes', please provide details of insurer and policy number

Has the third party lodged a claim with their insurers Yes No Unknown

8 Personal injury

Was any person injured in the accident? Yes No

If 'Yes', please provide details for each person injured (attach a separate page if required)

Name Date of birth / /

Address Contact number

Please provide details of injuries sustained

Location at time of injury Vessel Jetty Walkway leading to jetty Other please provide details

Was the injury reported? Yes No If 'Yes', please advise who received report

Name Date of birth / /

Address Contact number

Please provide details of injuries sustained

Location at time of injury Vessel Jetty Walkway leading to jetty Other please provide details

Was the injury reported? Yes No If 'Yes', please advise who received report

8 Personal injury (continued)

Was the injured person conveyed to hospital via ambulance? Yes No Unknown If 'Yes', please advise name of hospital

Did the injured person sign any document or contract setting out your terms of trade? Yes No If 'Yes' please attach a copy

Did you provide any verbal warning of possible injury prior to the accident? Yes No

If 'Yes', please detail verbal warnings and timing of warning

9 General

In your opinion, who was at fault? Please provide details to support your assumption

Was there an admission of liability? Yes No Unknown If 'Yes', please provide details

10 Witnesses

Were there any witnesses to incident? Yes No Unknown If 'Yes', please provide details

First witness name

Address

Contact number

Activity at the time of the incident

Second witness name

Address

Contact number

Activity at the time of the incident

Third witness name

Address

Contact number

Activity at the time of the incident

11 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

12 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 / /