

# Marine Liability

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



## New Zealand – Claim form

### Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose. We may also disclose personal information about you where we are required or permitted to do so by law.

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Zurich or parties appointed by them. This may include contacting the owner of the goods or livestock to obtain documentation to verify the amount and extent of the claim.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

### 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 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.

### Fair Insurance Code

Zurich New Zealand is a member of the Insurance Council of New Zealand (ICNZ), and industry organisation which represents fire and general insurers in New Zealand. As an ICNZ member, we are committed to following the ICNZ Fair Insurance Code. Additional information is Available on the Insurance Council of New Zealand website [www.icnz.org.nz](http://www.icnz.org.nz)



## 1 Insured details

Policy number	Claim number
Insured name	
Postal address	Postcode
Contact name	
Contact number/s	
Email	

## 2 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)

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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

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## 3 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

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## 4 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

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**5 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 NZ\$ \_\_\_\_\_

**Property damage** (other than insured)

Name of owner \_\_\_\_\_

Address \_\_\_\_\_ Contact number \_\_\_\_\_

Please provide details of damage \_\_\_\_\_

\_\_\_\_\_ Estimated repair cost NZ\$ \_\_\_\_\_

**6 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

**7 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 \_\_\_\_\_

**7 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

**8 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

**9 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

**10 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 Postcode

**Overseas payment**

Swift Code ABA Code Sort Code

**11 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.

Signature of insured Date / /

Email completed form to [marine.claims@zurich.com.au](mailto:marine.claims@zurich.com.au)

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Print Form