

Boat Insurance Claim Form

Commercial Hull & Boat Insurance

Trident Marine Insurance



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HOW TO FILL OUT THIS FORM

How to fill out this form: For questions with multiple choice answers, please tick the box in front of the correct answer. For other questions, please write the information requested in the spaces provided.

If there is inadequate space to answer any questions, please attach a separate sheet of paper.

Please complete each question on this Proposal Form fully and accurately

THE INSURED

INSURED NAME(S) Full Name ① _____ A.B.N _____
Full Name ② _____ A.B.N _____

ADDRESS Number/Street Name _____
Suburb/City _____ Postcode _____

CONTACT DETAILS Email _____ Work Ph _____
Home Ph _____ Mobile _____

GST Are you registered for GST? Yes No Percentage of business taxable _____%

POLICY NUMBER _____

THE VESSEL

		Make	Model No.	Year Built	Registration/ Serial No.	Hull - Length Motor - HP	Construction	Date Purchased
Description of Insured Vessel, Motor, Trailer	Hull	_____	_____	_____	_____	_____	_____	_____
	Dinghy	_____	_____	_____	_____	_____	_____	_____
	Motor 1	_____	_____	_____	_____	_____	_____	_____
	Motor 2	_____	_____	_____	_____	_____	_____	_____
	Trailer	_____	_____	_____	_____	_____	_____	_____

DESCRIPTION OF EQUIPMENT
(including sails if applicable)

NAME OF VESSEL _____

FINANCE Is the vessel financially encumbered? Yes No
If "YES" please give me name and address of Finance Company: _____

THE LOSS/INCIDENT

PARTICULARS OF LOSS/INCIDENT When did loss/incident occur? _____ Date _____ Time _____
Speed of Vessel _____
Where did the loss/incident occur? _____
For what purpose was vessel being used? _____

WHO WAS IN CONTROL OF THE VESSEL AT THE TIME OF LOSS/INCIDENT? Person _____
Address _____
_____ Post Code _____
Age _____ Telephone Number _____

THE LOSS/INCIDENT (CONT'D)

INSPECT Where can vessel be inspected? _____
 Telephone Number _____
 Address _____
 _____ Post Code _____

PROPERTY LOST/STOLEN If property lost/stolen, has it been reported to police? Yes No
 Police Station _____ Date Reported _____
 Police Officer _____ Time Reported _____ Report No. _____

LOSS/DAMAGE What steps were taken to minimise loss/damage? _____

HAVE YOU EVER

A) Had previous claims? Yes No
 Details _____

B) Been refused insurance? Yes No
 Details _____

C) Been charged/convicted of any offence in the last 10 years? Yes No
 Details _____

PARTICULARS IN RELATION TO THIRD PARTIES (IF APPLICABLE)

A. DAMAGE TO PROPERTY

OWNER OF OTHER VESSEL Name: _____
 Telephone No _____
 Address: _____
 _____ Post Code _____

DETAILS OF OTHER VESSEL Make of Hull _____ Reg. No. _____
 Name of Vessel _____
 Name of Insurance Co. _____ Policy No./Claim No. _____

FAULT Were you at fault? Yes No Give reasons _____

DAMAGE Describe damage to other vessel, motor etc. _____

REPAIR COST/LOCATION Estimated cost of repairs \$ _____ Where is vessel now? _____

B. INJURY TO OTHER PEOPLE

INJURED PERSON(S)

1) Name _____
 Address _____ Post Code _____

2) Name _____
 Address _____ Post Code _____

3) Name _____
 Address _____ Post Code _____

ATTENDED BY DETAILS Was the scene attended by the Police or other Person(s) of Authority? Yes No
 Give details (including details of injury) _____

PARTICULARS IN RELATION TO THIRD PARTIES (IF APPLICABLE)

B. INJURY TO OTHER PEOPLE (CONT'D)

THIRD PARTY(IES)

Name and address of any Hospitals/Doctors etc. treating Third Parties _____

Where were the Third Parties when the incident occurred? _____

Do you know the Third Party(ies)? Yes No

If 'Yes' how? _____

THE INSURED

I/We solemnly declare that the information above and on the face hereof is a true and accurate account of the event sustained by Me/Us, and that I/ We have not concealed anything, material which should be known by the Insurers.

Signature of Insured _____ Date _____

IF YOU HAVE A CONCERN

Although we do everything possible to provide a quality service to you, our customer, we recognise that occasionally there may be some aspect of our service or decision we have made that you want to query or draw our attention to. Please let us know so that we can address your concern.

For Private Boat Insurance details of our Complaints and Dispute Resolution procedure are set out in your policy document. A copy of the procedure is available upon request.