

# Marine hull claim form

Form MN005 11/09



Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1939

## Insured details

Name:

Phone number:

Mobile:

Address:

Policy no:

Due: / /

Name of vessel:

## Other details

Date and locality of accident/loss: / /

Circumstances of accident/loss: (A statement signed by the master of the insured vessel will be required in all cases when such a person is not the insured)

Please include sketch of collision with another vessel:

Details of damage to vessel/items lost:

Estimated cost of repairs/replacement: \$

**Note: Where vessel repaired, or lost or damaged items replaced, please forward RECEIPTED accounts as soon as they become available.**

Has the Maritime Safety Authority been notified? Yes  No

If **So**, please attach their response.

If theft, burglary or malicious damage a police complaint acknowledgement form must be attached.

Where may vessel be surveyed?

Salvage charges: (If any salvage services rendered, please give full details of such, including names of salvors and details of the services rendered and circumstances incurring such assistance).

### Intoxicating liquor and drugs

Detail all intoxicating liquor and/or drugs (prescribed or otherwise) taken by you or the person in charge of the vessel in the 12 hours prior to the accident (if none state nil):

### Damages to third parties

(a) Full details of the incident:

(b) Do you consider yourself to be liable for damages/injuries sustained by the third party, and state reasons: Yes  No

(c) Name and address of third party:

(d) Has a claim been made on you? Yes  No

If so, for what amount? \$

**Note: If a claim has been made on you by a third party, such should merely be acknowledged. Do not admit liability or make any offer or promise of payment.**

### Pursuant to the Privacy Act 1993

The following is brought to you attention:

- (a) This claim form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate Your claim;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993

### Declaration

Note: Failure to provide full and truthful information could result in the claim being declined.

I/We agree that should there be any dispute over payment of this claim, the company shall be entitled to submit the dispute to arbitration.

I/We declare the information given in this form to be correct.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to Lumley General Insurance (N.Z) Limited releasing to other parties personal information regard this claim

Insured(s) signature: \_\_\_\_\_ Title: \_\_\_\_\_

Insured(s) signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date:     /     /