

# Marine Hull Claim Form



Business Insurance for  
a growing New Zealand

Policy number \_\_\_\_\_

## Your duty of disclosure

You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

### Examples of information you may need to disclose include:

- ▶ anything that increases the risk of an insurance claim;
- ▶ any criminal record;
- ▶ if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- ▶ any insurance claim you have made in the past.

### Examples of information you do not need to disclose include:

- ▶ anything that reduces the risk of an insurance claim;
- ▶ anything we say you do not need to tell us about;
- ▶ anything that is common knowledge;
- ▶ anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

**WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.**

## Details of applicant

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Name of insured craft: \_\_\_\_\_ Type of craft: \_\_\_\_\_

The accident: Date: \_\_\_\_\_ Time: (am/pm) \_\_\_\_\_

Place: \_\_\_\_\_

## Details of accident

Explain what happened. More space is available overleaf for you to continue and provide a sketch plan.

---

NOTE: IF THE CLAIM IS FOR THEFT, BURGLARY OR MALICIOUS DAMAGE, YOU MUST REPORT THE LOSS TO THE POLICE AND OBTAIN A POLICE COMPLAINT ACKNOWLEDGEMENT FORM. THAT FORM MUST BE GIVEN TO NZI.

### Conditions at time of accident

VISIBILITY:	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	Very Poor <input type="checkbox"/>
WIND (knots):	0-15 <input type="checkbox"/>	15-30 <input type="checkbox"/>	30-45 <input type="checkbox"/>	Over 45 <input type="checkbox"/>
WATER:	Calm <input type="checkbox"/>	Moderate <input type="checkbox"/>	Rough <input type="checkbox"/>	Very Rough <input type="checkbox"/>
TIDE:	Neap <input type="checkbox"/>	Spring <input type="checkbox"/>	Ebb <input type="checkbox"/>	Flood <input type="checkbox"/>

Speed at the time of the accident: \_\_\_\_\_ knots/kph

### Use of craft

Pleasure  Racing  Business  Hire  Moored  Road Transit

Other (please specify)  \_\_\_\_\_

### Mooring failure

Was the accident caused by mooring failure? Yes  No

If answer "Yes", please state: \_\_\_\_\_

Was the craft on its usual moorings? \_\_\_\_\_

When was the mooring last raised? Date: \_\_\_\_\_ By whom: \_\_\_\_\_

### Unattended trailered craft

Is your claim for the theft of an unattended trailered craft? Yes  No

If answer "Yes", please state: \_\_\_\_\_

Was an anti-theft device being used? Yes  No

If answer "Yes", please state the type of anti-theft device being used: \_\_\_\_\_

### Under survey

Does your craft require to be under survey? Yes  No

If answer "Yes", please state: \_\_\_\_\_

Date of last survey: \_\_\_\_\_ Surveyed by: \_\_\_\_\_

### Registered craft

Is your craft registered? Yes  No

If answer "Yes", please state: \_\_\_\_\_

Registered No.: \_\_\_\_\_ Registered with: \_\_\_\_\_

### Person in command

Name of person in command: \_\_\_\_\_

Relationship to the insured (e.g. brother, friend): \_\_\_\_\_



### Intoxicating substances

Had the helms person or driver of the towing vehicle consumed any intoxicating substance or drug within 12 hours of the accident? Yes  No

If answer "Yes", what substance and what quantity? \_\_\_\_\_

Over what period? \_\_\_\_\_

### Damage to craft

Give details of damage to craft (if necessary, continue overleaf or on a separate sheet): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where can the craft be inspected? \_\_\_\_\_

What action, if any, has been taken to minimise the loss, damage or liability? \_\_\_\_\_

### Estimate for claim

Has an estimate for the claim been obtained? Yes  No

If "Yes", please state: \_\_\_\_\_

From whom: \_\_\_\_\_ Tel.No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Owner of property

Do you own all the damaged or lost property? Yes  No

If "No", please state: \_\_\_\_\_

Name of owner: \_\_\_\_\_ Their address: \_\_\_\_\_

### Fault

Do you consider the accident to be the fault of any other person? Yes  No

If "Yes", please state: \_\_\_\_\_

Their name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Why you consider them to be at fault: \_\_\_\_\_

Did they admit liability? Yes  No

Details of damage to other property: \_\_\_\_\_

Did anyone get hurt in the accident? Yes  No

If "Yes", can you please advise who and their relationship to the driver and known extent of the injuries: \_\_\_\_\_

Have the police laid or mentioned laying charges against the driver of your vessel? Yes  No

If "Yes", do you know what the charges are likely to be? \_\_\_\_\_

### Racing

Were you racing at the time of the accident? Yes  No

If "Yes", please state: \_\_\_\_\_

Was a protest lodged? Yes  No

If "Yes", please state the outcome: \_\_\_\_\_

### Witnesses

Were there any witnesses to the accident? Yes  No

If "Yes", please state: \_\_\_\_\_

Their name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Their name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Their name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.No. \_\_\_\_\_

Their name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel.No. \_\_\_\_\_

This should include any crew or passengers on your craft.

### Other claims

Have you made any other insurance claims within the past 5 years? Yes  No

If "Yes", please state: \_\_\_\_\_

Insurance company and branch: \_\_\_\_\_

Property involved and cause of loss: \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Other insurance cover

Do you have any other insurance which covers all or part of your claim? Yes  No

If "Yes", please state: \_\_\_\_\_

Insurance company and branch: \_\_\_\_\_

Property insured: \_\_\_\_\_ Amount \$ \_\_\_\_\_

## Sketch plan of accident

### Agreement

I agree that:

- 1. Material Facts** (a) All information given to NZI (whether oral or written) is true and correct;  
(b) All material facts have been disclosed. (See 'Your Duty of Disclosure');
- 2. Terms of Policy** The terms of NZI's policy are accepted;
- 3. Use of information** (a) My personal information collected by NZI may be:
  - (i) used by NZI to advise me of its other services;
  - (ii) disclosed to other members of the insurance industry and Insurance Claims Register Limited, and to parties who have a financial interest in the subject matter of the policy;
 (b) My personal information held by other members of the insurance industry and insurance register may be disclosed to NZI.
- 4. Agency** Anyone who assists me to complete this Application Form is acting as my agent only.

#### Privacy Act Statement:

- ▶ We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, we may decline your application or declare this policy unenforceable from the beginning.
- ▶ This information is held by us and you may access and seek correction of it. It may be passed on to other insurers you deal with, and interested parties.
- ▶ Your claims history is passed onto, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

#### Signed on behalf of all Insured's

Signature: \_\_\_\_\_ Date: DD MMM YYYY

Title / position: \_\_\_\_\_

### Procedure

1. Immediate notice must be given to NZI.
2. Depending on the circumstances, we may appoint a surveyor to assist you with your claim.
3. Whether a surveyor is appointed or not, you must act as if you are uninsured and take all reasonable steps to minimise the loss, damage or any potential legal liability, and safeguard the property insured.
4. Provide a completed Claim Form and present to NZI or surveyor if one is appointed.

#### FOR OFFICE USE ONLY

Branch: \_\_\_\_\_ Agent: \_\_\_\_\_