

New South Wales Branch  
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**HULL CLAIM FORM**  
**Loss or Damage to Assured's Vessel Only**

Claim Number

Please answer all questions in full. Any delay in returning this form may prejudice your claim under the Policy. The Insurers do not admit liability by the issue of this form.

**ASSURED**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

**POLICY DETAILS**

Policy No \_\_\_\_\_ Expiry Date \_\_\_\_\_  
Name of Vessel \_\_\_\_\_ Registration No. \_\_\_\_\_

**ARE YOU REGISTERED FOR GST PURPOSES?**

No  Yes  ➤ What is your ABN? \_\_\_\_\_

Have you claimed an input tax credit on the GST amount applicable to this policy?

No  Yes  ➤ Is the amount claimed less than 100% of the GST applicable to the premium? No  Yes  ➤ Specify the percentage amount claimed \_\_\_\_\_%

**ACCIDENT DETAILS**

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Weather conditions \_\_\_\_\_

Sea conditions \_\_\_\_\_

For what purpose was vessel being used at time of accident? Tick where applicable.

Hire  Business  Pleasure  Racing  Road Transit

**Waterborne accidents**

a) Speed of vessel at time of accident (power vessels only) \_\_\_\_\_

b) Were skiers being towed and if so, how many? \_\_\_\_\_

Explain fully how accident occurred (sketch may be attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HELMSMAN/DRIVER (Person in charge at time of accident)**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Tel No. \_\_\_\_\_  
Relationship to Assured (if applicable) \_\_\_\_\_ Age \_\_\_\_\_  
Boating Licence No. \_\_\_\_\_ Class \_\_\_\_\_ How long has licence been held? \_\_\_\_\_  
Has Licence ever been endorsed or suspended, or the Helmsman/Driver convicted of any Maritime offence? (give details) \_\_\_\_\_  
\_\_\_\_\_

**DETAILS OF LOSS OR DAMAGE (A quotation for repair will be required)**

Estimate of loss \$ \_\_\_\_\_  
Where can vessel be inspected? \_\_\_\_\_  
Contact \_\_\_\_\_ Tel. No. \_\_\_\_\_  
In your opinion was the accident your Helmsman's/Driver's fault? \_\_\_\_\_  
If so, (a) Why? \_\_\_\_\_  
(b) Have any claims been made on you? \_\_\_\_\_  
or If not, (a) Who was to blame? \_\_\_\_\_  
(b) Did such person admit any liability? \_\_\_\_\_

Note:- No liability or any sort shall be admitted nor any offer promise or payment made by the Assured 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 Assured the defence of any action, or to prosecute any claim for indemnity or damages or otherwise against any third party.

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

Names of any independent witnesses

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel No. \_\_\_\_\_  
\_\_\_\_\_

**POLICE REPORT**

Was the incident reported to the Police or Maritime Authorities? \_\_\_\_\_  
Did you sign a statement? \_\_\_\_\_  
State officer's name \_\_\_\_\_ Number \_\_\_\_\_ Stationed at \_\_\_\_\_  
Has any action been taken or threatened? \_\_\_\_\_ Against whom? \_\_\_\_\_  
\_\_\_\_\_

*I hereby declare that my answers to the foregoing questions and particulars are to the best of my knowledge and belief true and correct and I have not withheld any relevant information.*

*I consent to Associated Marine Insurers Agents Pty. Ltd., using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Associated Marine Insurers Agents Pty. Ltd., may not be able to process my claim.*

*I consent to Associated Marine Insurers Agents Pty. Ltd., disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Associated Marine Insurers Agents Pty. Ltd., also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.*

Assured's Signature \_\_\_\_\_ Dated at \_\_\_\_\_ 20 \_\_\_\_\_

**NOTE:**  
Should the claim be in respect of (A) Damage to Other Vessels or Property or (B) Injuries to Third Parties or Fare Paying Passengers, the appropriate Schedule (A or B) should also be completed and attached to this form.