



Ansvar Insurance

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Commercial Hull & Boat Claim Form

The Issue of this Form is not an Admission of Liability by Insurer

Policy #:

Claim #:

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

Commercial Hull & Boat Insurance Claim Form

Claim Number:
(if known)

THE INSURED

Surname:

Other Names:

Address:

State:

Postcode:

Business Phone:

Private Phone:

Facsimile:

Mobile:

Email Address: *

Are you registered for GST?

 No Yes

What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?

 No Yes

If Yes, will you be claiming an amount less than 100%?

 No Yes - Specify amount

Amount claimed (%):

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?

 No Yes

If Yes, will you be claiming an amount less than 100%?





 No Yes - Specify amount

Amount claimed (%):

THE VESSEL

	Make	Model No.	Year Built	Reg/Serial No.
Hull	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dinghy	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Description of Insured Vessel, Motor, Trailer	Motor	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Motor	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Trailer	<input type="text"/>	<input type="text"/>	<input type="text"/>

Equipment (including sails if applicable):

Item	Date Purchased
<input type="text"/>	<input type="text"/>  (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>  (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>  (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>  (dd/mm/yyyy)

Name of Vessel:

Is the vessel financially encumbered?

No Yes

If Yes, please give name and address of Finance Company:

THE LOSS/INCIDENT

When did the loss/incident occur?

Time:

 (hh:mm - 24 hour time)

Speed of vessel:

Where did the loss/incident occur?

For what purpose was the vessel being used?

Name of person in control of vessel at time of loss/incident:

Address:

State:

Postcode:

Age:

Telephone No.:

Boat Driver's Licence No.:

Licence Expiry Date:

Please attach copy of Licence:

Name of any independent witness to incident:

Address:

State:

Postcode:

Telephone No.:

How did the loss/damage occur (include wind direction, tide, course of vessel/s, weather)?

Please attach a diagram of circumstances (include photographs if possible):

Was the vessel in a race?

 No Yes

If Yes, please provide details:

Protest lodged (if applicable)?

 No Yes

Address where vessel can be inspected:

State:

Postcode:

Telephone No.:

If Property lost, has it been reported to Police?

 No Yes

Police Station:

Date Reported:

Police Officer:

Time Reported:

 (hh: mm - 24 hour time)

Report No.:

What steps were taken to minimise the loss/damage?

Have you ever:

a) Had previous claims?

No Yes

If Yes, details:

b) Been refused insurance?

No Yes

If Yes, details:

c) Been charged/convicted of any offence?

No Yes

If Yes, details:

PARTICULARS IN RELATION TO THIRD PARTIES (if applicable)

A. Damage to Property

Name of owner of other vessel:

Address:

State:

Postcode:

Name of other vessel:

Make of hull:

Registration No.:

Name of Insurance Company:

Were you at fault?

No Yes

Give reasons:

Describe damage to other vessel, motor etc:

Estimated cost of repairs to other vessel:

Where is the other vessel now?

B. Injury to Other People

Details of Injured Persons (if any):

Name

Address

State

Postcode

		<input type="checkbox"/>
		<input type="checkbox"/>

Was the scene attended by the Police or other Person(s) of Authority?

No Yes

Give details (including details of injury):

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)?

No Yes

If 'Yes', how?

ADDITIONAL INFORMATION

Do you want to provide additional information or make a statement to support this claim?

No Yes

If 'Yes', details:

Privacy

We are committed to protecting your personal information in accordance with the Privacy Act 1998 (Cth). If you wish to access or update your personal information, please contact our Privacy Officer.

Declaration and Authorisation

By clicking the SUBMIT button below I/We solemnly declare that the information above and on the face hereof is a true and accurate account of which should be known by the Insurers.

Name of Insured(s):

Date:

11/11/2008

* Indicates a mandatory field.

Privacy

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

Internal Dispute Resolution (IDR) Statement

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration (must be completed)

1. I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and have not deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.
2. Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect of such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.
3. I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.
4. I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Date: _____ Signature: _____

How To Get Quick Action On Your Claim

1. Complete the attached form and return to our office. If an assessor is appointed, give them the forms.
2. Attach all original quotations or invoices obtained for replacement of or repair to the damaged or missing property. Photocopies are not accepted as a rule.
3. Attach original valuations and receipt of purchases whenever possible.
4. Advise the Police immediately in the event of loss by burglary, housebreaking, theft, suspected malicious damage. Also make sure the premises are secure to avoid further incidents. Note: Police reports are very slow so if you can obtain one at the time the report is taken, then this will save valuable time or at least obtain a copy or report number.
5. Attach any letter of demand or other correspondence that you may receive from any Third Party.
6. Do not make any admission of liability for loss or damage caused by you to the Third Parties.

WHAT WE WILL DO - IF THE PAPERWORK IS CORRECT AND COMPLETE: -

- | Submit the claim form to the Insurer
- | If the claim has not been paid within 30 days we will contact the Insurer and then advise you accordingly
- | We will then follow up the claim when necessary until settlement is reached, however, please feel free to call at any time

WHAT AN ASSESSOR WILL DO: -

- | An assessor is an independent person who is appointed by the Insurer for their expertise in helping you finalise a larger or more difficult claim
- | They will interview and obtain details of a loss and arrange for quotes and prepare the necessary paperwork
- | The assessor is your contact point
- | The assessor will write a report to the Insurer recommending a course of action
- | This can take time depending on their work load and Police Reports
- | The Insurer will not act until these reports are received and although not bound by the assessor recommendations, the Insurers usually accept these reports.
- | If you are unhappy with any aspect of the claim, advise the assessor. If he is unable to correct the problem then contact us

immediately. We will not know of any problem without being advised.

- | If you are unhappy with the assessor's responses, contact us immediately.