



Hull

New Zealand – Claim form

Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose. We may also disclose personal information about you where we are required or permitted to do so by law.

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Zurich or parties appointed by them. This may include contacting the owner of the goods or livestock to obtain documentation to verify the amount and extent of the claim.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

Please provide the following information/documentation where possible with your claim form

- Quotation for repair/replacement
- Accident/incident report/statutory notice
- Witness statements
- Letter of demand
- Please attach a separate sketch scene of the accident and include photographs

1 Insured details

Policy number Claim number

Insured name

Address Postcode

Contact name

Contact number/s

Email

2 Skipper/driver details (person in charge at time of incident)

Name

Address Postcode

Contact number Boat licence number Expiry date / /

Class of licence Relationship to insured

Was the skipper/driver involved in the event under the influence of liquor or a drug? Yes No If 'Yes', please provide details

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3 Claim information

Date of loss/damage / / Please provide details of how loss/damage occurred

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Where did the loss/damage occur?

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Please advise location of damaged vessel

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3 Claim information (continued)

Description of insured vessel

Name of vessel Make Model number
 Year built Purchase date / / Hull
 Rego/serial number Construction Motor/s HP
 Trailer Equipment

Is the vessel financially encumbered? Yes No If 'Yes', please provide details

Boating incident

Sea conditions at time of incident Weather conditions at time of incident

Speed of vessel at time of incident knots

Was your vessel in survey or class at the time of loss or damage? Yes No

Please provide details of the activity the boat was engaged in at time of incident

Please advise number of passengers in the boat at time of incident

Names/addresses/contact numbers of passengers

Names/addresses/contact numbers of independent witnesses

Were skiers being towed? Yes No If 'Yes', please advise number of skiers?

Was salvage service required? Yes No If 'Yes', please provide details including name, address and contact numbers of any salvors

Estimate of repair cost NZ\$ Is there a quotation for repairs? Yes No If 'Yes' please attach quotation

Theft incident

Please provide details of stolen items

Estimate of Loss NZ\$

Was there evidence of forcible entry or removal? Yes No If 'Yes', please provide details

Was the incident reported to the Police or Maritime Authorities? Yes No If 'Yes', please advise

Officer's name Stationed at Report number

Did you sign a statement? Yes No

Has any action been taken or threatened by third party? Yes No If 'Yes', please provide details

3 Claim information (continued)

Third party property damage

Please provide details of loss or damage to other vessels or property

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In your opinion, was another boat at fault? Yes No If 'Yes', please provide details

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Have you received any claim/demand from a third party? Yes No If 'Yes', please attach the original

Was there any other vessel involved Yes No If 'Yes', please advise

Name of vessel Rego/serial number

Owners name/address/contact number

Please provide details of damage to other vessel

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Estimated repair cost NZ\$

Was there any other damage to property Yes No If 'Yes', please advise

Owners name/address/contact number

Please provide details of damage to other vessel

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Estimated repair cost NZ\$

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Personal injury to third parties

Have you received any claim demand from a third party? Yes No If 'Yes', please attach the original

Please indicate if injured party was On your vessel On a third party vessel Swimmer Water skier

Third party name Age

Third party address/contact number

Names/addresses/contact numbers of independent witnesses

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Name of hospital/doctor

Details of injuries sustained

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4 EFT payment details (please complete this section if you require payment directly into your account)

Account name	Account number
Bank name	BSB Number
Bank address	Postcode

Overseas payment

Swift Code	ABA Code	Sort Code
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5 Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Signature of insured	Date	/	/
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