

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	Individual
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A. Insured's details

1. Vessel's name			
2. Policy number		Expiry date (dd/mm/yyyy)	
3. Insured's details			
Name			
Address			
Phone		Mobile	
Email address			
4. Bank details (to be used for claims settlements)			
(a) Payee name			
(b) For payments into New Zealand accounts, please provide bank, branch and account numbers:			
(c) For payment into overseas accounts, please provide the following:			
Bank		Branch	Country
Swift/sort code		Account number	

B. Incident details

1. Date of loss/damage (dd/mm/yyyy)		2. Locality of loss/damage	
3. Circumstances of loss/damage (A signed statement from the master of the insured vessel will be required in all instances where such a person is not the insured.)			
4. If relevant, please attach a sketch of the collision with another vessel. (Please tick to indicate enclosure.)			Enclosed
5. Please provide details of the items lost/damage to vessels.			

B. Incident details

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6. Estimated cost of repairs/replacement items	NZD
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7. Has the Maritime Safety Authority been informed? If 'Yes', please attach their response, and tick to indicate enclosure. In the case of theft, burglary or malicious damage, a Police Complaint Acknowledgement form must be attached. (Please tick to indicate enclosure.)	Yes	No
	Enclosed	
	Enclosed	

8. Where can the vessel be surveyed?	
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9. Have any salvage services been hired or organised? If 'Yes', please provide full details (including name of salvor, services provided and circumstances incurring such assistance)	Yes	No
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10. Intoxicating liquor and drugs - please provide details of all liquor and drugs (prescribed or otherwise) taken by you or the person in charge of the vessel in the 12 hours prior to the accident.
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C. Damage to third parties

1. Please provide full details of the incident.

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2. Do you consider yourself to be liable for damages/injuries sustained by the third party? Please state your reasons	Yes	No
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3. Name and address of third party

Name	
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Address	
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4. Has a claim been made against you?	Yes	No
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If 'Yes', for what amount?	NZD
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Note: If a claim has been made against you by a third party, you should merely acknowledge receipt. Do not admit liability or make any other or promise of payment.

Declaration

Has this declaration been read to the insured? Yes No (A claim form may still be required)

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) If any personal information is provided, I/We understand that:
- (i) This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in QBE's privacy policy available at www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
 - (ii) If I/We do not provide the information requested, then QBE may be unable to provide products or services.
 - (iii) Where I/we have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
To request access to or correction of personal information, please see www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			