

# Marine Hull Claim Form

If you need any help with this form, please contact the nearest NZI Office or your insurance advisor.



- We recommend that you read the Claims section of your policy.
- Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".
- You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.

## Part A: DETAILS OF INSURED

Name: .....

Postal address: .....

Occupation: ..... Telephone No.(Home) ..... (Work).....

Name of insured craft: ..... Type of craft .....

The accident: Date: ..... Time(am/pm) ..... Place .....

## Part B: 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 NEW ZEALAND INSURANCE.**

## Part C: 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

## Part D: USE OF CRAFT

Pleasure  Racing  Business  Hire  Moored  Road Transit

Other (please specify): .....

## Part E: MOORING FAILURE

Was the accident caused by mooring failure? Yes  No  If answer "Yes", please state: .....

Was the craft on its usual moorings? Yes  No

When was the mooring last raised? Date: ..... By whom: .....

## Part F: 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: .....

## Part G: UNDER SURVEY

Does your craft require to be under survey? Yes  No  If answer "Yes", please state: .....

Date of last survey: ..... Surveyed by: .....

## Part H: REGISTERED CRAFT

Is your craft registered? Yes  No  If answer "Yes", please state: .....

Registered No. .... Registered with: .....

## Part I: PERSON IN COMMAND

Name of person in command: .....

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

## Part J: 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?.....

## Part K: 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?.....

OFFICE USE: Policy No. .... Branch: .....

**PART L:  
ESTIMATE  
FOR CLAIM**

Has an estimate for the claim been obtained? Yes  No  If "Yes" please state:  
From whom: ..... Tel.No. .... Amount \$ .....

**PART M:  
OWNER OF  
PROPERTY**

Do you own all the damaged or lost property? Yes  No  If "No" please state:  
Name of owner: ..... Their address: .....

**PART N:  
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: .....

**PART O:  
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:  
.....

**PART P:  
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. ....  
Their name: ..... Address: ..... Tel No. ....  
This should include any crew or passengers on your craft.

**PART Q:  
OTHER  
CLAIMS**

Have you made any other insurance claims within the past 5 years? Yes  No  If "Yes" please state:  
Insurance company & branch: .....  
Property involved & cause of loss: ..... Amount \$ .....

**PART R:  
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 & branch: .....  
Property insured: ..... Amount \$ .....

**PART S:  
SKETCH  
PLAN OF  
ACCIDENT**

Sketch plan of accident and/or continue details of the cause of the accident

**PART T:  
DECLARATION  
AND  
SIGNATURE  
Please read  
and sign**

I declare that:  
**1. Material Facts:**  
(a) All information given to New Zealand Insurance in connection with this claim (whether oral or written) is true and correct;  
(b) No information relevant to the claim is omitted;  
**2. Use of Information:**  
(a) My personal information collected by New Zealand Insurance in connection with this claim may be disclosed to:  
(i) other members of the insurance industry and Insurance Claims Register Ltd;  
(ii) parties repairing or replacing the subject matter of the claim;  
(iii) parties who have a financial interest in the subject matter of the policy;  
(b) My personal information held by other parties in connection with this claim may be disclosed to New Zealand Insurance;  
**Please note:**  
• We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.  
• This information is held by us and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees etc.  
• 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 Insureds**  **Date**