

Vessel Claim Form

Important Information

- The issue of this form does not constitute an admission of liability on the part of the insurer.
- Please ensure you answer all questions honestly and fully.
- If anyone holds you responsible for their accident/injury, insist their claim must be in writing.
- Any communication received must be forwarded to Coast Underwriting immediately.
- Do not admit liability. Please do not disclose to Claimants the existence of a policy.
- If there is insufficient space, please use additional pages.
- If a question is not relevant to your situation, please write 'N/A'.
- This claim form can be completed digitally.
- If you are completing this form by hand, please ensure you write clearly.

A Insured's Details

Insured Name

Contact Name

Occupation

Policy Number

Expiry Date

Address

Post Code

Mobile Number

Work Number

Email Address

Australian Business No. (ABN)

GST Registered?

 Yes No

% Claimable

 %

B Payee Bank Details

Please provide the bank details of the account you wish settlement funds to be deposited into. Note that payment is subject to Our acceptance of the claim.

Fields marked with a * are only required if the payment is being made outside of Australia.

Account Name

Account Number

BSB Number

Bank Name

Branch*

Country*

Swift/Sort Code*

C Notification of Loss To You

Who Notified You?

Their Phone Number

Their Email Address

Their Address

Post Code

D Details of Loss

Date of loss

Time

Exact location of loss

If after sunset, were the navigation lamps on? Yes No N/A

Was the vessel in a race? Yes No

For what purpose was the vessel being used?

Speed of vessel

Conditions:

Sea

Weather

Wind Speed

Wind Direction

Tide

In detail, how did the incident occur?

What steps were taken to minimise the loss/damage?

Where can the vessel be inspected?

Who Notified You?

Their Phone Number

Address for vessel inspection

Post Code

Please draw a clear diagram of the circumstances. Alternatively you can use this space to provide additional information.

E Damage

Describe the damage to your vessel.

Estimated cost of damage \$

Have you obtained 2 repair quotations or comparison?

No
 Yes

If yes, please attach them and tick to indicate enclosure.

F Notification to Authorities

Was the Maritime Safety Authority notified? Yes No

Date / /

Were the Police notified? Yes No

Did Police Attend? Yes No

If Yes, Officer's name

Stationed at

Police Report Number

Date / /

G Vessel Details

Vessel Name

Registration Number

Vessel Make

Vessel Model

Year Built

Year Purchased

Please attach a copy of the certificate of survey / vessel registration / safe ship management certificate registration which was current at the date of the loss. Tick to indicate enclosure.

Is the vessel financially encumbered? Yes No

If yes, please provide the name and address of the Finance Company

Finance Company Name

Finance Company Address

Post Code

H Skipper and Crew

Skipper's Name

Occupation

Phone Number

Address

Post Code

Email Address

Licence Number

Expiry Date

Had the skipper consumed any drugs or alcohol within the 24 hours prior to the incident?

How many crew members were on board?

How long has the skipper held the licence? Has it ever been endorsed or suspended? Provide details.

Has the skipper ever been convicted of any maritime offence? If yes, provide details

Skipper's Insurer (If Known)

Policy Number

Please attach qualifications of anyone else in control of the vessel. Tick to indicate enclosure.

I Third Party Particulars – Damage to Property or Injury to Others (If Applicable)

Third Party's Name

Occupation

Mobile Number

Phone Number

Email Address

Insurer (If Known)

Policy Number

Address

Post Code

Has a claim or demand been made against you? Yes No

If yes, please attach all demands and correspondence. Tick to indicate enclosure.

Were you or the Third Party at fault? Describe reasons.

Details of damage to Third Party property/vessel (if applicable)

Vessel Name

Registration Number

Vessel Make

Vessel Model

Year Built

Year Purchased

J Liability

In your opinion, was any other person(s) responsible for the loss? Yes No

If yes, please provide the following:

Name

Phone Number

Relationship To Insured

Their Email Address

Their Address

Post Code

Reasons For Liability

K Witnesses

If the loss was witnessed, please provide their details.

If you require more space, please continue on a separate page.

Witness Name

Phone Number

Relationship To Insured

Their Email Address

Their Address

Post Code

L Other Insurance

Do you or another party hold any other Policy which could cover this claim?

Party holding the policy

Insurer

Policy Number

Type of Insurance

M History

Have you ever had previous claims? Yes No

If yes, provide details.

Have you ever been refused insurance? Yes No

If yes, provide details.

Have you ever been charged/convicted of any offence in the last 10 years? Yes No

If yes, provide details.

N Privacy Statement

In this Privacy Statement the use of “We”, “Us” and “Our” means the Insurer(s) and Coast unless specified otherwise.

We are committed to the safe and careful use of Your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles and the terms of this Policy.

We collect Your personal information in order to assess Your application for insurance and, if Your application is accepted, to administer and manage Your insurance policy and respond to any claim that You make. To do this, Your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on Our behalf, such as assessors and facilitators, some of whom may be located in overseas countries such as the United Kingdom and Europe.

Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing Us with Your personal information, You consent to the disclosure of Your personal information to reinsurers, service providers and related entities in overseas countries to enable Us to assess Your application, to administer and manage Your insurance Policy and to respond to any claim that You make. If You consent to the disclosure of Your personal information to overseas recipients,

and the overseas recipient handles Your personal information in a way other than in accordance with the Australian privacy laws, We may not be responsible for the handling of Your personal information by the overseas recipient.

If You choose not to provide Your personal information and/or choose not to consent and/or withdraw Your consent to the disclosure of Your personal information to overseas entities at any stage, We may not be able to assess Your application or administer and manage Your insurance policy and respond to any claim that You make.

Our privacy policies contain information on how You may access personal information that each of us hold, or seek correction of Your personal information and information on how to make a complaint about the handling of Your personal information and how complaints are handled. If You require more information, You can access HDI Global Specialty's Privacy Policy and Privacy Statement at www.hdi-specialty.com/int/en/legals/privacy, and Coast's Privacy Policy at www.coastins.com.au

O Declaration

I/We declare that:

The information and answers given above are true, correct and complete in every detail.

I/We understand the claim may be refused if information is not true or is withheld.

I/We understand that insurers require this information (which will be retained) to evaluate the claim.

I/We understand that the *Privacy Act 1993* entitles me/us to have access to, and request the correction of, this information.

I/We authorise Coast Insurance Pty Ltd to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Print Name of Insured

Signature of Insured

Date

Print Name of Insured

Signature of Insured

Date

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.