



OFFICE USE ONLY

CLAIM No.: _____

ESTIMATE: _____

CLAIM FORM

ALL QUESTIONS ON THIS DECLARATION ARE TO BE ANSWERED

Policy No. _____ Expiry Date _____

Name of Insured in full _____ Date of Birth _____

Private Address _____

Postcode _____ Telephone No. _____ Email Address _____

Business Address _____

Postcode _____ Telephone No. _____ Mobile No. _____

Are you registered for GST? Yes No ABN Number: _____

To what extent are you entitled to claim an Input Tax Credit on your insurance premiums on this policy? _____ %

Description of insured boat: Hull: Make _____ Boat Name _____

Model _____ Reg No. _____

Motor/s _____ Serial No./s _____

Trailer _____ Reg No. _____

1. When did loss/incident occur? Date _____ Time _____ Speed of boat _____

2. Where did loss/incident occur? _____

3a. For what purpose was the boat being used? _____

b. If racing (I) Was race a club event? Yes No
 (II) Was race a major named race? Yes No Details _____
 (III) How long was the race? _____
 (IV) Was a protest lodged? Yes No Details _____

4. Were there any witnesses to the loss/incident? Yes No Details _____

5. Has the incident been reported to the Police? Yes No Date _____ Time _____
 Police Station _____ Police Officer _____
 File/Event No. (attach a copy of report if available) _____

6. Did you report the loss/incident to any Maritime Authority? Yes No Date _____ Report No. _____

7. Person in control of the boat at time of loss/incident _____ Age _____
 Boat Licence number _____ Expiry date _____ Please provide a copy of Boat Licence

8. Have you or any other owner of the boat had a claim refused, insurance declined or special conditions imposed on any insurance policy in the last 5 years? Yes No Details _____

9. Have you or any other owner of the boat been convicted of any crime in the last 5 years? Yes No Details _____

10. Is the boat being used for any purpose other than private pleasure? Yes No Details _____

11. Have you or any other owner of the boat been declared bankrupt within the last 12 months, and not been discharged?
 Yes No Details _____

12. Have you or any other owner of the boat ever suffered any Fire, Malicious Damage or Burglary claims on any previous insurance policy?
 Yes No Details _____

13. Have you or any other owner of the boat suffered any Marine or at fault motor claims in the last 5 years?
 Yes No Details _____

14. How many people (other than the driver) were in the boat at the time of the loss/incident? _____

15. Give a detailed description of how loss/incident occurred and damage sustained, property stolen or missing (please include photos if available).

16. Is the boat financially encumbered? Yes No Details _____

17. Is there any other insurance on the property under the claim? Yes No Details _____

18. Where can the damaged property be inspected? _____

Estimated cost of repairs (attach quote) _____

19. If claim includes a claim for Personal Injury or Property Damage to a THIRD PARTY, the following details are required:

a) Third Party injured: Please provide details – Name/s, Address/es, Age/s and injuries sustained _____

b) Owner of other vessel _____

Address _____

c) Details of other vessel: Make of hull _____ Reg No. _____ Make of motor _____

Name of insurance company _____

d) Name and addresses of any hospitals, etc, or doctors who treated Third Parties

e) Was the scene of the incident attended by Police or other persons of authority? Yes No Details _____

f) Were there any independent witnesses to the incident? Yes No Provide names and addresses

20a. If claim is for damage to Insured's property arising out of a motor vehicle accident, the following details of the vehicle towing Insured's property are required.

I) Make of vehicle and year _____ Reg No. _____

II) If vehicle insured, name of insurance company _____ Policy No. _____

III) Driver of vehicle at time of accident _____ Driver's Licence No. _____

Address _____ Postcode _____

20b. Details of other vehicle involved in accident:

I) Name and address of owner _____

II) Name of driver _____ Licence No. _____

Make of Vehicle and Year _____ Reg No. _____

III) If vehicle insured, name of insurance company _____

IV) Policy No. _____ Expiry Date _____

Diagram of Circumstances

MERCURY INSURANCE CLAIMS IMPORTANT INFORMATION

You are authorised to submit this claim:

- as the insured person; OR
- as a broker who has been appointed as the agent of the insured person.

Privacy

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.clubmarine.com.au or contact us on 1300 00 2582 EST 9am-5pm, Monday-Friday.

Telephone Call Recording

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where we have recorded a telephone call, we can provide you with a copy at your request, where it is reasonable to do so.

You certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

You understand that this claim may be refused if information is untrue, inaccurate or concealed.

- I _____ hereby solemnly declare that the information above is a true and faithful account of the incident leading to the claim and that I have not concealed anything which may be relevant to your consideration of this claim.
- I/We _____ acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure on my/our personal and sensitive information, otherwise Club Marine will be unable to process my/our claim.

I have read and understood the above declarations.

Date _____

Ph: 1300 175 200 | Fax: 1300 77 2582 | Email: claims@clubmarine.com.au

[Email this form](#)

Mail to: 40 The Esplanade Brighton VIC 3186

Mercury Insurance is administered by Club Marine Limited

ABN 12 007 588 347, AFS Licence No. 236916 and underwritten by
Allianz Australia Insurance Limited ABN 15 000 122 850, AFS Licence No. 234708