

BOAT INSURANCE

CLAIM REPORT



Please retain this page for your information

ABOUT YOUR CLAIM

- We will contact you as quickly as possible about your claim.
- For most claims we will check the damage and have repairs authorised and paid for.
- If someone else involved in the accident contacts you about a claim, or just for information, refer the person to your CGU Insurance office.
- If you receive a writ or summons, or anything else from a legal firm, forward it to us immediately.
- We need to handle everything related to your claim.
- Please refer to your policy booklet for more information about how your claim will be handled.
- We may need to get a police report.
- If you have any questions about your claim, please contact CGU Insurance on 13 24 80 (13 CGU 0).

HOW YOU CAN RESOLVE A DISPUTE WITH US

Our dispute resolution system is free and works like this:

1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
 - our decision on your claim,
 - our handling of your claim,
 - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. If you do not accept our decision, you may take the problem to the Australian Financial Complaints Authority (AFCA), for an independent investigation. The AFCA can assist with private consumer and some small business type claims.

The telephone number for the Australian Financial Complaints Authority is 1800 931 678.

More detailed information about this process is available from your CGU Insurance office.



BOAT INSURANCE CLAIM FORM

Accident - Complete questions 1 - 38 and sign the Declaration

Theft - Complete questions 1 - 20, questions 39 - 45 and sign the Declaration

Please answer all questions. This will help us process your claim quickly. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

1. Policy number (from your schedule)

Expiry date

Office use only

XS AD Cause

2. Insured (surname, company, partnership)

Given name(s) of insured

Contact person (for company or partnership claims)

3. Address

Postcode

4. Private telephone no.

Business telephone no.

Facsimile no.

Email address

5. Are you registered for GST purposes?

No Yes

▶ What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No Yes

▶ Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No Yes

▶ Specify the percentage amount claimed or intended to be claimed

Are you entitled to claim an input tax credit for repairs or replacement of your vessel?

No Yes

▶ Is the amount claimable less than 100%?

No Yes

▶ Specify the percentage claimable

Insured vessel details

6. Description of vessel involved in the accident

Name

Type (e.g. yacht, motor)

Registration no.

Year of manufacture

Make and size of motor

HP

Petrol

Inboard

KW

Diesel

Outboard

7. Was a trailer involved in the accident?

No Yes

▶ Type

Make

Registration no.

8. Do you owe money on the vessel?

No Yes Lender's name Approximate amount owing
\$

9. Has the vessel been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer?

No Yes Describe the modifications / accessories

10. Was there any unrepaired damage to the vessel before the accident or theft?

No Yes Describe the unrepaired damage

11. Was there any other insurance on the vessel at the time of the accident or theft?

No Yes State the name of the insurance company Policy no.

12. Is the vessel currently registered?

No Yes Expiry date
DD / MM / YY

13. What were you using the vessel for at the time of the accident or theft? (e.g. pleasure, racing, skiing, road transit, moored)

14. Was the vessel being used for skiing?

No Yes How many skiers were being towed?
Was there an observer on the boat? No Yes

Person in charge of the vessel

15. Who was in charge of the vessel when the accident or theft happened?

Relationship to insured (e.g. son, daughter)

Address

Postcode

Private telephone no.

Business telephone no.

Email address

Did the person in charge of the vessel have the knowledge and consent of the insured? No Yes

16. Current boating licence no.

Date of birth

DD / MM / YY

17. Did this person drink any alcohol, or take any drugs or medication in the 12 hours prior to the accident?

No Yes What did this person drink or what drugs or medication did this person take?
When? How much?

18. Has this person or the insured ever been charged with, or convicted of, a motoring or maritime offence (other than a parking offence) or been disqualified from driving a boat or any other vehicle in the past five years?

No Yes State the details

19. Has this person or the insured been charged with, or convicted of, any criminal offence in the last ten years?

No Yes Details of prosecutions, penalties, fines, bond imposed

20. Has this person or the insured ever had insurance declined or cancelled, had a renewal refused or had special conditions imposed by an insurer?

No Yes State the reasons

Accident details

21. When did the accident happen?

Day Date / / Time a.m. p.m.

22. Where did the accident happen?

23. How did the accident happen?

Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour. Tell us which person you feel is at fault and why.

24. Using the symbols below draw a diagram of the accident scene showing the position of all vessels and vehicles (if any). Indicate by arrows the direction each was travelling, the north point of the compass, and any relevant information such as street names. Please identify any other vessels or vehicles involved as '2', '3', '4' etc. It is important that the sketch be as accurate as possible as it may be used in legal proceedings.

The accident occurred: on land on water

Insured Vessel	Other Vessel	Swimmers	Skiers	Your vehicle	Other vehicle	Pedestrian, Cyclist etc.	Road	Stop sign	Give way sign	Lights

25. Please sketch the areas of your vessel damaged in the accident.

Your vessel

26. What were the weather conditions at the time of the accident?

Fine

Overcast

Raining

Storm

Other (specify)

In what direction was the wind blowing?

27. What is the estimated cost of repairs? Please attach a quote.

\$

28. If we wish to inspect the vessel, who do we contact and where will the vessel be?

Name of person

Private telephone no.

Address where the vessel is being kept

Postcode

Other vessel(s) details

29. Please provide information about the other vessel(s), even if they were not damaged. This will help our investigation.

Owner's details

Full name

Telephone no.

Address

Postcode

Email address

Owner's insurance company

Policy no.

Make, model, body type

Registration no.

Year of manufacture

Details of person in charge of vessel

Full name

Telephone no.

Address

Postcode

Email address

Current boating licence no.

Date of birth

DD / MM / YY

30. Please sketch the areas of the other vessel(s) damaged in the accident

Vessel 2

(If any other vessels were involved, please attach details of those vessels not mentioned above on a separate sheet)

31. As a result of the accident, was there any other property damaged (e.g. buoys, jetties, moorings)?

No Yes Provide details

Name of property manager/owner

Telephone no.

Address of property manager/owner

Postcode

Email address

32. Was anyone injured as a result of the accident?

No Yes the driver or passenger in the insured vessel other vessel

Person's surname

Given name(s)

Address

Telephone no.

Postcode

Age

Nature of injuries

If taken to hospital, state the name of the hospital

33. Have you received a claim from the injured person or the owner of the damaged property?

No Yes Attach any correspondence relating to this claim

34. Were there any witnesses to the accident?

No Yes Name of witness

Address

Telephone no.

Postcode

Type of witness:

Passenger in insured's vessel

Passenger in other vessel

Independent eye witness

35. Did the police attend the accident?

No Yes Officer's name

Name of station

36. Was the accident reported to a police station?

No Yes Officer's name

Name of station

Date reported

37. Was any driver or person in charge of any vessel asked to take a blood / breathalyser test?

No Yes Insured driver/person the result % Other driver/person the result %

38. Was any person charged with an offence or offences or advised that charges may be laid?

No Yes Insured person and the offence(s) Other person and the offence(s)

Theft details

39. What was stolen?

Vessel Contents or accessories Please list

40. When was the vessel last seen?

Day Date / / Time a.m. p.m.

41. Who last saw the vessel?

Full name Relationship to insured (e.g. son, daughter)

Address Postcode

Private telephone no. Business telephone no. Facsimile no.

42. Who discovered the theft and when?

Full name Date / / Time a.m. p.m.

Private telephone no. Email address

43. Do you know who is responsible for the theft?

No Yes State names and addresses or any other identifying information

44. To which police station was the theft reported?

Officer's name

Name of station Date reported / / Time a.m. p.m.

45. Was the vessel recovered?

No

Yes



Explain the circumstances surrounding the recovery (e.g. who, when, where)

If damaged, provide details

Please sketch the areas of your vessel damaged in the theft.

Your vessel

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/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of the insured or person with authority sign for and on behalf of a company or partnership

Date

Signature of the person in charge of the vessel (if not the insured)

Date

Please indicate the number of additional pages attached to this claim report

When complete, please forward the report to:

Email - claims@cgu.com.au

Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001

or send it to us via your Agent or Broker

Alternatively, claims can be lodged over the telephone 24 hours a day,

7 days a week by calling us on 13 24 80 (13 CGU 0)

CONTACT DETAILS

Enquiries 13 24 81

Claims 13 24 80

Mailing address

GPO Box 9902 in your capital city

Sydney

Tower Two, Darling Park
201 Sussex Street
Sydney NSW 2000

Melbourne

181 William Street
Melbourne VIC 3000

Brisbane

189 Grey Street
South Bank QLD 4101

Perth

46 Colin Street
West Perth WA 6005

Adelaide

80 Flinders Street
Adelaide SA 5000



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