

Pleasurecraft Claim form



IMPORTANT NOTICES

All questions on this form must be clearly and fully answered, otherwise the processing of this claim may be delayed until the required information is supplied.

Where additional documents are requested, you must provide these for your claim to be considered.

If any question does not apply to the circumstances of your claim, please mark the response "not applicable". Questions marked with an asterisk * are required to be answered.

Policy number

Claim number (if known)

YOUR DETAILS (THE INSURED)

Name*

Residential address*

Postal address (if different)*

Email address

Phone (home)*

Phone (mobile)*

BOAT CLAIM DETAILS

Name of boat*

Boat type*

Date and time of incident (if known)*

am

pm

Where did the incident occur?*

Name of person operating the boat at the time of the incident*

If not the insured, please advise their relationship*

Were any drugs or alcohol consumed by this person within 24 hours prior to the incident?*

Yes

No

N/A

If yes, please advise when, what and what quantity

Owner's and Skipper's report/s on circumstances of loss/damage*

If necessary continue on separate sheet and attach

BOAT CLAIM DETAILS (cont.)

For what purpose was the boat being used at the time of the incident?* Pleasure Racing Commercial

If racing, has a protest been made?
Please provide details

Continue on separate sheet and attach if necessary

Speed at the time of the incident*	knots				
Tide*	High	Low	Ebb	Other - please describe	
Weather conditions	Visibility*	Good	Fair	Very poor	
	Water*	Calm	Moderate	Rough	
	Wind*	under 15	15 - 29	30 - 40	over 40 knots

Was the boat on an approved mooring authorised for its use?* Yes No N/A

Please advise date when mooring was last inspected By whom?

If the boat was not on an approved mooring authorised for its use, please supply details

Please give full details of the damage to the insured boat and/or items lost*

Where can the boat be inspected?*(location and contact details please)

Has an estimate for the cost of repairs been obtained?* Yes No

If yes, what's the amount? From whom?

What action, if any, has been taken to minimise loss, damage or liability?*

Do you own all the damaged/lost property?* Yes No

If not, please provide owner's name/s and contact details

BOAT CLAIM DETAILS (cont.)

Do you have any other insurance which covers this loss?* Yes No

If yes, please provide details of the insurance company and contact details

Have you made any boat insurance claims in the last 10 years?* Yes No

If yes, please provide details

If there has been theft, burglary or malicious damage, have the NZ Police been notified?* Yes No N/A

If not, please provide reason(s) why

If yes, which station did you report it to?

Date reported

Note: Please attach a copy of the Police Complaint Acknowledgement form

If burglary or theft, please advise what security arrangements were in place at the time of the loss

Note: for theft or burglary claims, please attach details of the items stolen including purchase price and date

THIRD PARTIES

No liability should be admitted by you, or any offer made to compensate for damage. All communications received should be forwarded to us immediately.

Was any other party involved in the accident?* Yes No If yes, has any claim been made on you?* Yes No

If yes, please provide details

Estimate of loss or damage to third party property NZD

Please provide other party's name and contact details

Type of boat and boat name

Please provide brief details of the damage to third party property

THIRD PARTIES (cont)

If a person, other than the Owner, was in charge of the other boat at the time of the incident, please provide the name and contact details of that person

Do you consider other people were responsible for, or contributed to, the accident?* Yes No

Has anyone admitted that they caused or contributed to the incident?* Yes No

If yes to either of the two questions immediately above, please provide details

Were witnesses present?* Yes No

If yes, please detail names and addresses of witnesses, including all crew, passengers and independent witnesses (If further entries are required, please include details in your covering email)

Name	Email	Address	Location of witness at time of incident

For collision claims please attach a sketch plan of the incident

