



# NAUTICAL INSURANCE

5/1008 Ferry Rd, Ferrymead  
P. O. Box 3804, Christchurch

## Boat claim form

*note:*

- 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.
- If any question does not apply to the circumstances of your claim it must be marked "not applicable"
- The Insurers do not admit liability by the issue of this form.

policy number \_\_\_\_\_

Policy Excess \_\_\_\_\_

client number \_\_\_\_\_

name of Insured \_\_\_\_\_ ☎ \_\_\_\_\_

address \_\_\_\_\_

occupation \_\_\_\_\_

vessel name \_\_\_\_\_

type \_\_\_\_\_

exact time of incident  
am ~ pm

date

/ /

where did it happen? \_\_\_\_\_

What happened? *Please complete the sketch plan on the attached form.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

speed  
at time of incident

weather conditions

visibility

good

fair

very poor

water

calm

moderate

rough

tide \_\_\_\_\_

wind

under 15

15 - 29

30 ~ 40

over 40 knots

For what purpose was the vessel being used? \_\_\_\_\_

hire

business

pleasure

racing

road transit

moored

name of person at the helm at the time of the incident \_\_\_\_\_

relationship to insured *e.g. Brother* \_\_\_\_\_

Had the helmsperson (or the driver of the towing vehicle)

consumed any intoxicating liquor or taken any drug within 12 hours of the incident?

yes ~ no

*If yes,*

name of liquor/drug \_\_\_\_\_

quantity taken \_\_\_\_\_

period of consumption \_\_\_\_\_

Please give full details of the damage to the insured vessel. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where can the vessel be inspected? \_\_\_\_\_

Has an estimate for the cost of repairs been obtained? **yes ~ no**  
If yes, amount \$ \_\_\_\_\_ from whom? \_\_\_\_\_

What action, if any, has been taken to minimise loss/damage or liability? \_\_\_\_\_  
\_\_\_\_\_

Did you own all the damage/lost property? **yes ~ no**  
If no, owner's name \_\_\_\_\_ owner's address \_\_\_\_\_

Did you have any other insurance which covers this claim? **yes ~ no**  
If yes, sum insured \_\_\_\_\_ company \_\_\_\_\_ Branch \_\_\_\_\_

If burglary/theft/loss/malicious damage, have the police been notified? **yes ~ no**  
If yes, Station reported to \_\_\_\_\_ date \_\_\_\_\_

**other 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.

Did you consider the incident to be the fault of any person other than yourself? **yes ~ no**  
If yes please give details. \_\_\_\_\_  
\_\_\_\_\_

Did the other person admit liability? **yes ~ no**  
If yes please give details. \_\_\_\_\_  
\_\_\_\_\_

Please give details of the owner of the other vessel or property.  
name \_\_\_\_\_ address \_\_\_\_\_ **T** \_\_\_\_\_

damage to other property: \_\_\_\_\_  
\_\_\_\_\_

If you were racing, was a protest lodged? **yes ~ no**  
If yes what was the outcome? \_\_\_\_\_

names & addresses of all witnesses .. include crew & passengers in your vessel \_\_\_\_\_  
\_\_\_\_\_

Is your vessel registered? **yes ~ no**

**declaration**

I declare that the foregoing statements are true to the best of my knowledge and belief, and the articles and property described on the reverse side of this form were stolen, lost or damaged under the circumstances described above.

SIGNATURE OF INSURED \_\_\_\_\_ date / /