

# **BOAT CLAIM FORM**

# LOCKED BAG 79, WETHERILL PARK, NSW, 2164

PHONE: 1300 781 448

EMAIL: CLAIMS@MI-BOAT.COM.AU

- Please ensure that all questions are answered in full in as much details as possible
- We ask that you return this completed claim form with any further requested information

| SECTION 1: THE INSURED                                  |                            |                                     |        |
|---|----------------------------|-------------------------------------|--------|
| Name of Insured:  |                            | Policy number:                      |        |
| Address of Insured:                                     |                            |                                     |        |
|   |                            | Postcod                             | e:     |
| Telephone private:                                      |                            | Business:                           |        |
| Is the Insured registered for GST?                      |                            |                                     | Yes No |
| ABN number:   |                            | ITC percentage:                     |        |
| SECTION 2: BOAT DETAILS                                 |                            |                                     |        |
| Year:   | Make: (eg. Quintrex)       |                                     |        |
| Model:  | Registration number:       | HIN number:                         |        |
| MOTOR DETAILS   |                            |                                     |        |
| Year:   | Make: (eg. Yamaha):        |                                     |        |
| Model and HP:   |                            | Engine/serial number:               |        |
| TRAILER DETAILS   |                            |                                     |        |
| Year:   | Make:                      |                                     |        |
| Registration number:                                    |                            | VIN number:                         |        |
| Was the boat being used with your knowledge and con-    | sent at the time of the ac | ccident?                            | Yes No |
| For what purpose was the boat being used at the time of |                            |                                     |        |
|   |                            |                                     |        |
| Is the boat under finance?                              |                            |                                     | Yes No |
| If yes, name of financier:                              |                            | Contract number:                    |        |
| SECTION 3: PERSON IN CHARGE OF BOAT                     |                            |                                     |        |
| Name of person operating boat:                          |                            |                                     |        |
| Address:  |                            |                                     |        |
| Addition.   |                            | Postcode:                           |        |
| Telephone private:                                      |                            | Business:                           |        |
| Does this person hold a current boat licence?           |                            |                                     | Yes No |
| Boat licence number:                                    |                            | Date first obtained: / /            |        |
| Date of birth: / /                                      |                            | Relationship to the insured person: |        |
| Did the skipper consume any alcohol and/or take any d   | rugs in the 12 hours bef   | ore the incident?                   | Yes No |
| If yes, supply full details:                            |                            |                                     |        |
|   |                            |                                     |        |

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| SECTION 3: PERSON IN CHARGE OF BOAT (cont'd)  |        |       |
|---|--------|-------|
| IN THE PAST FIVE (5) YEARS HAS THE SKIPPER OR ANY PERSON WHO IS LIKELY TO SKIPPER THE BOAT (a) Been charged or  |        |       |
| convicted of fraud or any criminal charges  | Yes N  | lo 🗌  |
| (b) Had any insurance denied, refused or cancelled by any insurer?  | Yes N  | lo 🗌  |
| (c) Had a previous accident with a boat/PWC?  | Yes N  | lo 🗌  |
| (d) Had a boat/PWC stolen or destroyed by fire, whether or not covered by insurance?  | Yes N  | No 🗌  |
| If yes to any questions above please provide full details below:  |        |       |
|   |        |       |
|   |        |       |
|   |        |       |
|   |        |       |
| SECTION 4: DETAILS OF INCIDENT  |        |       |
|   |        |       |
| Date of incident: / / Time: am/pm Speed of boat:  |        |       |
| Where did the loss/incident occur?  Suburb/town:  |        |       |
| Has the incident been reported to the Police? Yes No Date: / / Time:  | 6      | am/pm |
| Police station: Police officer:   |        |       |
| File/event number (attach a copy of report if available):   |        |       |
| Did you report the incident to any Maritime Authority? Yes  | umber: |       |
| What were the weather conditions at the time of the incident?   |        |       |
| Visibility Good Fair Very poor Other  |        |       |
| Water Calm Moderate Rough Other   |        |       |
| Wind         ☐ Under 15 knots         ☐ 15-29 knots         ☐ 30-40 knots         ☐ Over 40 knots   |        |       |
| Did anyone admit responsibility for the accident, verbally or otherwise?  | Yes No | 0     |
| If yes, whom?   |        |       |
|   |        |       |
| City and about and description of the state |        |       |
| Give a detailed description of how the loss/incident occurred:  |        |       |
|   |        |       |
|   |        |       |
|   |        |       |
|   |        |       |
|   |        |       |
|   |        |       |
|   |        |       |
|   |        |       |
|   |        |       |

# **SECTION 4: DETAILS OF INCIDENT (cont'd)**

**DIAGRAM OF THE ACCIDENT** - Please complete a diagram of the accident. Include direction and location of vessels, location and nature of marine markers, insured vessel A, other party's vessel B.



### PLEASE ATTACH DIAGRAM OF THE ACCIDENT SEPARETELY

| SECTION 5: OTHER PARTIES  |                         |                         |
|---|-------------------------|-------------------------|
| Was another party injured or their property damaged in this incident? | Yes No                  | If yes, complete below: |
| Name:   | Phone:                  |                         |
| Address:  |                         | Postcode:               |
| IF THIS INCIDENT INVOLVES ANOTHER VESSEL OR VEHICLE PLEASE PROVIDE:   |                         |                         |
| Make:   | Model:                  |                         |
| Registration number:  | Colour:                 |                         |
| Name of Insurer:  | Policy or claim number: |                         |
| Please advise the extent of damage or injuries sustained:             |                         |                         |
| Who do you consider responsible for this incident?                    |                         |                         |
| OFOTION / INDEPENDENT WITNESSES /                                     | <b>\</b>                |                         |
| SECTION 6: INDEPENDENT WITNESSES (please provide name and add         | ress)                   |                         |
| Name:   | Phone:                  |                         |
| Address:  |                         | Postcode:               |
| Name:   | Phone:                  |                         |
| Address:  |                         | Postcode:               |

# **SECTION 7: PRIVACY REQUIREMENTS**

Your Privacy is important to Us. You need to read the Privacy Statement below which explains, amongst other things, how We collect, handle, store and disclose Your personal and sensitive information in order for Us to provide and inform You about Our insurance and insurance related Services including Your claim. To do this We may disclose Your personal information to Our service providers and others in accordance with the Privacy Statement below.

# **SECTION 8: DECLARATION**

I/We acknowledge Yamaha Motor Insurance Pty. Ltd. (YMI) trading as mi-boat Marine Insurance and/or - HDI Global Specialty SE - Australian Branch may give to, or obtain from, other insurers and/or Insurance/Financial Bureau, state Licensing, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

I/We hereby declare that the information and answers given above are true in every detail and no information has been withheld or misrepresented.

I/We undertake to render every assistance in My/Our power in dealing with this matter.

| Name of Insured: | Date: | 1 | 1 |  |
|------------------|-------|---|---|--|

# **SECTION 9: PRIVACY STATEMENT**

Yamaha Motor Insurance Australia Pty Ltd (YMI) trading as mi-boat Marine Insurance and HDI Global Specialty SE - Australian Branch are committed to protecting Your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

In this section dealing with Privacy, "We", "Our" and "Us" refers to both HDI Global Specialty SE and YMI. This Privacy Statement outlines how We collect, disclose and handle Your personal information (including sensitive information) as defined in the Act.

### Why We collect your personal information

We collect your personal information (including sensitive information) so We can:

- · identify You and conduct necessary checks;
- determine what service or products We can provide to You e.g. offer our insurance products;
- issue, manage and administer services and products provided to You or others, including claims investigation, handling and settlement;
- maintain and improve Our services and products e.g. training and development of Our representatives, product and service research and data analysis and business strategy development;
- make special offers of other services and products provided by Us or those we have an association with, that might be of interest to You.

### What happens if You don't give Us Your personal information?

If You choose not to provide Us with the information We have requested, We may not be able to provide You with Our services or products or properly manage and administer services and products provided to You or others and manage claims.

### How We collect Your personal information

Collection can take place by telephone, email, or in writing and through websites (from data You input directly or through cookies and other web analytic tools).

We only use and disclose personal information for the purpose it was collected unless the use or disclosure is destined for another purpose is with your consent, or otherwise permitted by law.

If You provide Us with personal information about another person You must only do so with their consent and agree to make them aware of this privacy notice. To avoid confusion, exchanging details with third parties involved in an accident implies consent and You do not need to take further steps.

### Who We disclose your personal information to

We share Your personal information with third parties for the collection purposes noted above.

The third parties include: Our related companies and Our representatives who provide services for Us, other insurers and reinsurers, Your agents, Our legal, accounting and other professional advisers, data warehouses and consultants, social media and other similar sites and networks, membership, loyalty and rewards programs or partners, providers of medical and non-medical assistance and services, investigators, loss assessors and adjusters, other parties We may be able to claim or recover against, and anyone either of Us appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. These countries are listed in Our respective Privacy Policies and may change from time to time and as may be notified in Our respective Privacy Policies. If personal information is transferred to countries outside Australia that do not have legislation similar to the Privacy Act, we will take steps to ensure that adequate measures are taken by our clients to protect the personal information before it is transferred.

## More information, access, correction or complaints

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a potential Privacy breach and how such a complaint will be handled, please refer to Our Privacy Policy available at Our respective websites www.mi-boat.com.au/ Home/Privacy-and-Disclaimers or www.hdi-specialty.com or by contacting us (our contact details are below).

### Contact us and opting out

By proceeding with Your application or submitting Your claim, You and any other person included on the Policy, consent to this use and these disclosures unless You tell Us otherwise. If You wish to withdraw Your consent, including for things such as receiving information on products and offers by Us or persons We have an association with, please contact Us. If You do not agree to provide Us with the Information, We may not be able to process Your application, administer Your Policy or assess Your claims.



### MI-BOAT MARINE INSURANCE

489-493 Victoria Street, Wetherill Park, NSW, 2164
Locked Bag 79, Wetherill Park NSW 2164
Telephone: 1300 781 448 Email: claims@mi-boat.com.au in the first instance.
www.mi-boat.com.au

This policy is underwritten by HDI Global Specialty SE - Australian Branch (ABN 58 129 395 544) (AFS Licence No. 458776)

Effective date: 1 July 2019