

marine hull claim form (excluding pleasurecraft)



Wesfarmers General Insurance Limited, ABN 24 000 036 279, trading as Lumley Insurance, Lumley House Level 9, 309 Kent Street, Sydney 2000 Ph: (02) 9248 1111

1. Client Details

Name of insured

Postal address

Postcode

Phone number (w)

Phone number (h)

Mobile number

2. Policy Details

Policy no.

Excess/Deductible

\$

Expiry date (dd/mm/yyyy)

3. Incident Details

Name of **Boat/Vessel**

Date of incident (dd/mm/yyyy)

When incident reported to you (if applicable)

Was incident reported to Police, if **Yes**:

Event number

Police station

Attending officer's name

Details of person in charge of the **Boat** at the time of the incident:

Name

Address

Postcode

Phone number (w)

Phone number (h)

Mobile

Details of incident (give full description of damage, and/or lost items or sketch of collision involved)

Location of the Boat/Vessel for survey:

Give details of salvage services (if applicable)

Estimated costs of repairs/replacement/salvage (if known)

\$

4. Damage/Injury to Third Parties

Give details of the incident

Do you consider yourself to be liable for damages/injuries sustained by the third party?

If **Yes**, please state reasons

Name and address of third party

Has a claim been made by or on you?

If **Yes**, for what amount?

\$

Note: If a claim has been made on you by a third party, and you do any of the following without our knowledge and consent:

- make or accept any offer or payment, or in any way admit you are liable
- settle or attempt to settle any claim

You may prejudice your rights under the policy.

5. Goods and Services Tax (GST)

To ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) ABN, if applicable

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(b) Any entitlement you have to an Input Tax Credit in respect of the insurance premium

--

 %

6. Declaration

I/We declare that there was no other insurance covering this interest at the time of the incident.

I/We declare that any warranties in the Policy have been complied with.

I/We declare that I/we was/were Owner(s)/Managers/Operators of the **Boat** at the time of the incident.

I/We request that the proceeds of the claims to be paid by Lumley Insurance to:

I/We hereby declare that the above answers and particulars are correct and shall be utilised as the basis of the claim.

Signature of Boat Owner(s)/Managers/Operators

--

--

Date (dd/mm/yyyy)

--