

Marine Hull

Claim form

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand
Tel 09 308 1100 www.lumley.co.nz

Insured details

Name:	
Phone number:	Mobile:
Address:	
Policy no:	Due: / /
Name of vessel:	

Other details

Date and locality of accident/loss: / /

Circumstances of accident/loss: (A statement signed by the master of the insured vessel will be required in all cases when such a person is not the insured)

Please include sketch of collision with another vessel:

Details of damage to vessel/items lost:

Estimated cost of repairs/replacement: \$

Note: Where vessel repaired, or lost or damaged items replaced, please forward RECEIPTED accounts as soon as they become available.

Has the Maritime Safety Authority been notified? Yes No

If **Yes**, please attach their response.

If theft, burglary or malicious damage a police complaint acknowledgment form must be attached.

Where may vessel be surveyed?

Salvage charges: (If any salvage services rendered, please give full details of such, including names of salvors and details of the services rendered and circumstances incurring such assistance)

Intoxicating liquor and drugs

Detail all intoxicating liquor and/or drugs (prescribed or otherwise) taken by you or the person in charge of the vessel in the 12 hours prior to the accident (if none state nil):

Damages to third parties

(a) Full details of the incident:

(b) Do you consider yourself to be liable for damages/injuries sustained by the third party, and state reasons: Yes No

(c) Name and address of third party:

(d) Has a claim been made on you? Yes No

If Yes, for what amount? \$

Did anyone get hurt in the accident? Yes No

If Yes, can you please advise who and their relationship to the driver and known extent of the injuries:

Have the police laid or mentioned laying charges against the driver of your vessel? Yes No

If Yes, do you know what the charges are likely to be?

Note: If a claim has been made on you by a third party, such should merely be acknowledged. Do not admit liability or make any offer or promise of payment.

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This claim form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate Your claim;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley;
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993

Declaration

Note: Failure to provide full and truthful information could result in the claim being declined.

I/We agree that should there be any dispute over payment of this claim, the company shall be entitled to submit the dispute to arbitration.

I/We declare the information given in this form to be correct.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to Lumley releasing to other parties personal information regard this claim.

Insured(s) signature: _____ Title: _____

Insured(s) signature: _____ Title: _____

Date: / /