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)

Phone (mobile)*

YOUR DETAILS (THE INSURED)

Name*

Residential address*

Postal address (if different)*

Email address

Phone (home)*

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 p	rior 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



Vero Marine is underwritten by Vero Insurance New Zealand Limited PO Box 1759 Auckland | 0508 856 856 | +64 9 363 2600 veromarine@veromarine.co.nz | www.vero.co.nz/marine



BOAT CLAIM DETAILS (cont.)

For what purpose was the boat being used at the time of the incident?* Pleasure Racing Commercial								
lf racing, has a protest Please provide details	If racing, has a protest been made? Please provide details							
Continue on separate she necessary	et and attach if							
Speed at the time of the	e incident*		knot	s				
Tide*	High	Low	Ebb	Other – p	lease descr	ribe		
Weather conditions	Visibility*	Good		Fair		Very po	or	
	Water*	Calm		Moderate	e	Rough		
	Wind*	under 15		15 - 29		30 - 40		over 40 knots
Was the boat on an app	proved mooring au	ithorised for	its use?*		Yes	No	N/A	
Please advise date whe	en mooring was las	st inspected			By whom	1?		
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 taken to minimise loss, liability?*								
Do you own all the dam	naged/lost propert	·y?*	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 ye	ears?*	Yes	No			
If yes, please provide details						
If there has been theft, burglary or malicious damage, ha	ve the NZ Pc	olice beer	n notified?*	Yes	No	N/A
If not, please provide reason(s) why						
If yes, which station did you report it to?			Date	e reported		
Note: Please attach a copy of the Police Complaint Acknow	wledgement	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 st	olen inclu	ıding purchase	orice and dat	e	
THIRD PARTIES						
No liability should be admitted by you, or any offer made t forwarded to us immediately.	to compenso	ate for do	ımage. All comn	nunications re	eceived sh	ould be
Was any other party involved in the accident?* Yes	No If ye	es, has ar	ny claim been m	ade on you?*	Yes	No
lf yes, please provide details						
Estimate of loss or damage to third party property NZ	ZD					
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 (If further entries are required, please include details in your covering email)	and indep	pendent witnesses

Name	Email	Address	Location of witness at time of incident

For collision claims please attach a sketch plan of the incident



DIRECT CREDITING AUTHORITY

If your claim is accepted and there are payment/s to be made to you, we can pay any amounts directly into your bank account by direct credit. If you would like us to make this direct credit, please provide complete details below. You will be advised if a payment has been made following acceptance of your claim.

Do you wish to use this facility?*	Yes	No
------------------------------------	-----	----

Account Name

I / We authorise the payment/s to be made into this bank account:

Ba

nk	Branch	Account

Suffix

IMPORTANT NOTICES AND DECLARATION

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being denied.

Your duty of disclosure:

- Subject to the rights set out in the Criminal Records ("Clean Slate") Act 2004, you are under a duty to disclose all material information to Vero Insurance whether the information is asked for or not.
- Material information is information that might influence our decision in regard to consideration of your claim. All information given must be complete and correct.
- If you have any doubt as to whether a fact is material, then it should be disclosed.
- The duty to disclose all material information occurs when you make a claim.
- Failure to disclose all material information may result in Vero Insurance avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

Privacy Act 1993:

- This Claim Form collects personal information in order to evaluate your insurance claim.
- The information collected will be held by Vero Insurance, 48 Shortland Street, Auckland.
- Failure to provide any personal information requested by Vero Insurance may result in your insurance claim being declined or not being paid in full.
- You have a right to request access to, and correction of, your personal information, subject to the provisions of the Privacy Act 1993.

Declaration:

By completing and submitting this claim form, I/we declare that to the best of my/our knowledge and belief these particulars are complete and correct. I/we have not withheld any information or details of previous claims or any other material fact likely to affect the acceptance of this claim.

I/We:

- a. Agree that any instructions given by you for the repair or removal/disposal of the boat will be taken as being given on my/our behalf
- b. Agree to give any further information that may be required
- c. Understand that you may require personal information before you can evaluate my/our claim
- d. Authorise the disclosure of this personal information regarding this claim to other parties
- e. Authorise the obtaining by you from any other party, personal information about me/us that is, in your view, relevant to this claim
- f. Authorise the obtaining by you from Insurance Claims Register (ICR Ltd), which hold details of claims made by me/us under policies with other insurers, personal information about me/us that is, in your view, relevant to this claim
- g. Authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect.
- h. Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd
- i. Are fully authorised to complete and sign this claim form on behalf of the person/s name in the proposal

Please save this form and email it to your broker and/or claims@veromarine.co.nz

