

**TASMANIAN RISK MANAGEMENT FUND
 HULL CLAIM FORM
 POLICY NUMBER: 60 HAN 183983**

ASSURED

Name of Department

Address Tel. No

Are you registered for GST purposes?

No Yes ➤ What is your ABN? _____

Have you ever claimed an input tax credit on the GST amount applicable to this policy?

No Yes

Is the amount claimed less than 100% of the GST applicable to the premium?

No Yes ➤ Specify the percentage amount claimed? _____%

POLICY DETAILS

Name of Vessel Registration No

HELMSMAN/DRIVER (Person in charge at time of accident)

Name

Address Tel. No

Relationship to Assured (if applicable) Age

Boating Licence No..... Class..... How long has it been held?

Has Licence ever been endorsed or suspended, or the Helmsman/Driver convicted of any Maritime offence? (give details)

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ACCIDENT DETAILS

Date Time Location

Weather Conditions

Sea Conditions

For what purpose was the vessel being used at the time of accident? (Tick) where applicable.

Hire Business Pleasure Racing Road Transit

Waterborne accidents

(a) Speed of vessel at time of accident (power vessels only)

(b) Were skiers being towed and if so, how many?

Explain fully how accident occurred (sketch may be attached).

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(See Over)

DETAILS OF LOSS OR DAMAGE (A quotation for repair will be required)

Estimate of Loss \$.....

Where can vessel be inspected?

Contact Tel. No

In your opinion was the accident your Helmsman's/Driver's fault?

If so, (a) Why?

(b) Have any claims been made on you?

Or If not, (a) Who was to blame?

(b) Did such person admit any liability?

Note:- No liability of any sort shall be admitted nor any offer promise or payment made by the Assured to claimants nor legal expenses incurred without written consent of the Insurers who shall be entitled if they so desire to take over and conduct in the name of the Assured the defence of any action, or to prosecute any claim for indemnity or damages or otherwise against any third party.

The Assured also undertakes to send to the Insurers as soon as possible, all claims, letters, summonses or writs relating to any accident addressed to the Assured or to the Assured's servants by the authorities or by third parties.

Name of any independent witnesses

Name Address Tel. No

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POLICE REPORT

Was the incident reported to the Police or Maritime Authorities?

Did you sign a statement?

State officer's name Number Stationed at

Has any action been taken or threatened? Against whom?

If so, what action?

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I hereby declare that my answers to the foregoing questions and particulars are to the best of my knowledge and belief true and correct and I have not withheld any relevant information.

I consent to Associated Marine Insurers Agent Pty Ltd, using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, Associated Marine Insurers Agents Pty Ltd may not be able to process my claim.

I consent to Associated Marine Insurers Agents Pty Ltd, disclosing my personal information to other insurers, and insurance reference service of as required by law. I consent to Associated Marine Insurers Agents Pty Ltd, also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisers.

Insured's Signature **Date**