



1. Insurance Company:

2. Policy Number:

Expiry Date:

3. Insured (surname, company, partnership):

Given Name(s) of Insured:

Contact Person (for company or partnership):

4. Address:

Suburb:

Postcode:

5. Private Telephone No:

Business Telephone No:

Email Address:

6. Are you registered for GST purposes?

No

Yes

What is your ABN?

7. Boat Details:

Description of insured boat:

Boat Name:

8. Model:

Registration Details:

9. Is the boat under finance?

Yes

No

Lender's name:

10. Was there any unrepaired damage to the boat before the accident?

No

Yes

Please give details:

Person in Control of the Boat:

11. Name of the skipper: Relationship to the Insured:

Address: Suburb Postcode:

Did the driver have permission to be driving the Boat? Yes No

12. Did the driver consume any drugs or alcohol 12 hours prior to the accident?
No Yes Please provide details:

13. Has the driver had any previous losses or made any claims for loss, theft or damage with any insurer in the past 5 years?
No Yes Please give details:

14. Has the driver been charged with or convicted of a motoring offence or had their licence disqualified in the last 5 years?
No Yes Tell us what happened:

15. Have you been charged with, or convicted of any criminal offence in the last 10 years?
No Yes State Details:

Accident Details:

16. When did the accident happen?
Day: Date: Time: AM PM

17. Where did the accident happen?

18. How did the accident happen?

19. What was the purpose of the boat's use when the incident occurred? Give details. E.g. Pleasure, race – if for racing purposes please provide the details of the event.

20. How many people (other than the driver) were in the boat at the time of the incident?
Please provide their names and contact details.

21. Was there another party involved in the incident?

Other Skipper's and Boat Details:

Full Name:

Telephone:

Address:

Post Code:

Insurance Company

Policy/Claim Number

Description of Boat, Name & Model

Registration Number

22. Was there any other property damaged as a result of the accident? (e.g. pier, jetty, buoy)

No Yes

Provide Details:

*You must report any loss, theft or vandalism of your boat to the Police or Maritime Authority.
The insurance company may need to apply to the police for a copy of this report.

1. Name of police station / Authority where you report it:

Name of officer:

Report No:

Date Reported:

23. Have you been charged with, or convicted of, a motoring offence (other than a parking offence) or been disqualified from driving in the past five years?

No Yes

Provide Details:

24. Have you ever had insurance refused or cancelled, had a renewal refused or had special conditions imposed by an insurer?

No Yes

Provide Details:

25. Have you been charged with, or convicted of, any criminal offence in the past ten years?

No Yes

Provide Details:

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

[Click here to learn how to digitally sign this document](#)

Signature

Date