



MSIG

Mitsui Sumitomo Insurance Company, Limited
ABN 49 000 525 637
AFS Licence No.240816

Commercial hull and boat claim form

The issue of this form does not constitute and admission of liability on the part of the insurer.

The Insured			
Insured's name	Surname	Given Name(s)	
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/>	- Will you be claiming an amount less than 100%?	
	No <input type="checkbox"/> Yes <input type="checkbox"/>	- Specify amount claimed <input type="text"/> %	
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/>	- Will you be claiming an amount less than 100%?	
	No <input type="checkbox"/> Yes <input type="checkbox"/>	- Specify amount claimed <input type="text"/> %	
Address			
Contact Number(s)	Business	()	Private
	Facsimile	()	Mobile
		State	Postcode

The Vessel							
		Make and Model No.	Year built	Reg./Serial No.	Hull-Length Motor - HP	Construction	Date purchased
Description of insured vessel, motor, trailer	Hull						/ /
	Dinghy						/ /
	Motor						/ /
	Motor						/ /
	Trailer						/ /
Description of equipment (including sails if applicable)							/ /
							/ /
							/ /
							/ /
Name of vessel							
Finance	Is the vessel financially encumbered? No <input type="checkbox"/> Yes <input type="checkbox"/>						
	If 'Yes', please give name and address of finance company						
					State	Postcode	

The Loss/Incident

Particulars of loss/incident	When did loss/incident occur?	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time	<input type="text"/> am or <input type="text"/> pm
	Speed of vessel	<input type="text"/>			
	Where did the loss/incident occur?	<input type="text"/>			
	For what purpose was vessel being used?	<input type="text"/>			
Who was in control of vessel at time of loss/incident	Person	<input type="text"/>			
	Address	<input type="text"/>			
	Age	<input type="text"/>	Telephone No.	(<input type="text"/>) <input type="text"/>	State <input type="text"/> Postcode <input type="text"/>
Boat driver's licence	Licence No.	<input type="text"/>	Attach copy on submission	Expiry Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
State name and address of any independent witness to incident	Person	<input type="text"/>		Telephone No.	(<input type="text"/>) <input type="text"/>
	Address	<input type="text"/>			
How did loss/damage occur (include wind direction, tide, course of vessel(s), weather)? (Additional space on back page)					
<input type="text"/>					
Diagram of circumstances (Please include photographs if possible)					
Please attach image to email upon submission					
Was vessel in a race? No <input type="checkbox"/> Yes <input type="checkbox"/> Details <input type="text"/>					
Protest lodged (if applicable)? No <input type="checkbox"/> Yes <input type="checkbox"/> Where can vessel be inspected? <input type="text"/>					
<input type="text"/>					
Address	<input type="text"/>			State	<input type="text"/> Postcode <input type="text"/>
Telephone No.	(<input type="text"/>) <input type="text"/>	If property lost/stolen, has it been reported to police?		No <input type="checkbox"/> Yes <input type="checkbox"/>	
Police Station	<input type="text"/>			Date reported	<input type="text"/> / <input type="text"/> / <input type="text"/>
Police Officer	<input type="text"/>	Time reported	<input type="text"/> am/ <input type="text"/> pm	Report No.	<input type="text"/>
What steps were taken to minimise loss/damage?					
<input type="text"/>					
Have you ever:					
a) had previous claims? No <input type="checkbox"/> Yes <input type="checkbox"/>					
Details <input type="text"/>					
b) been refused insurance? No <input type="checkbox"/> Yes <input type="checkbox"/>					
Details <input type="text"/>					
c) been charged/convicted of any offence? No <input type="checkbox"/> Yes <input type="checkbox"/>					
Details <input type="text"/>					

Particulars in Relation to Third Parties (if applicable)

A. Damage to property

Owner of other vessel	Name				
	Telephone No.	()			
	Address				
	State		Postcode		
Details of other vessel	Make of hull			Reg. No.	
Name of vessel			Name of insurance company		
Were you at fault?	No <input type="checkbox"/> Yes <input type="checkbox"/> - Give reasons				
Describe damage to other vessel, motor etc.					
Estimated cost of repairs					
Where is the vessel now?					

B. Injury to other people

Injured person(s)	Name					
	Address		State		Postcode	
	Name					
	Address		State		Postcode	
	Name					
	Address		State		Postcode	
Was the scene attended by the Police or other Person(s) of Authority? No <input type="checkbox"/> Yes <input type="checkbox"/>						
Give details (including details of injury)						
Name and address of any Hospitals/Doctors etc. treating Third Parties.						
Where were the Third Parties when the incident occurred?						
Do you know the Third Party(ies)? No <input type="checkbox"/> Yes <input type="checkbox"/> - If 'Yes', how?						

The Loss/Incident (Additional Space)

Do you want to provide additional information or make a statement to support your claim?

No Yes

Payment details

Would you like the funds deposited to your Australian bank account by electronic transfer?

No Yes

Bank name	<input type="text"/>	BSB	<input type="text"/>
Account name	<input type="text"/>	Account number	<input type="text"/>

Privacy

Mitsui Sumitomo Insurance co. Ltd., includes information about how we manage your personal information in our Product Disclosure Statements. You can obtain a copy of the Mitsui Sumitomo Insurance Privacy Policy from our website www.msi-oceania.com or contact the Privacy Officer on 02 9222 7600 or email msiaus@ms-ins.com.

Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we authorise Mitsui Sumitomo Insurance Company Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured 1.	<input type="text"/>	Date	<input type="text"/>
Signature of insured 2.	<input type="text"/>	Date	<input type="text"/>

Please check that this form has been fully completed as any omissions may delay your claim.