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)

YOUR DETAILS (THE INSURED)

Name*

Residential address*

Postal address (if different)*

Email address

Phone (home)*

Phone (mobile)*

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 prior 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

BOAT CLAIM DETAILS (cont.)

For what purpose was the boat being used at the time of the incident?* ☐ Pleasure ☐ Racing ☐ Commercial

If racing, has a protest been made? Please provide details

Continue on separate sheet and attach if necessary

Speed at the time of the incident* _____ knots

Tide* ☐ High ☐ Low ☐ Ebb ☐ Other - please describe _____

Weather conditions

Visibility* ☐ Good ☐ Fair ☐ Very poor

Water* ☐ Calm ☐ Moderate ☐ Rough

Wind* ☐ under 15 ☐ 15 - 29 ☐ 30 - 40 ☐ over 40 knots

Was the boat on an approved mooring authorised for its use?* ☐ Yes ☐ No ☐ N/A

Please advise date when mooring was last inspected _____ By whom? _____

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 been taken to minimise loss, damage or liability?*

Do you own all the damaged/lost property?* ☐ 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 years?* ☐ Yes ☐ No

If yes, please provide details

If there has been theft, burglary or malicious damage, have the NZ Police been notified?* ☐ Yes ☐ No ☐ N/A

If not, please provide reasons(s) why

If yes, which station did you report it to? Date reported

Note: Please attach a copy of the Police Complaint Acknowledgement 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 stolen including purchase price and date

THIRD PARTIES

No liability should be admitted by you, or any offer made to compensate for damage. All communications received should be forwarded to us immediately.

Was any other party involved in the accident?* ☐ Yes ☐ No If yes, has any claim been made on you?* ☐ Yes ☐ No

If yes, please provide details

Estimate of loss or damage to third party property NZD

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 and independent witnesses
(If further entries are required, please include details in your covering email)

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:

Bank	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

We take your privacy seriously and will be clear about how we collect, use and share your personal information.

Why we collect your information

Vero Insurance New Zealand Limited (Vero) collects your personal information in accordance with our Privacy Statement - vero.co.nz/privacy. We collect and use your information to manage and assess your claim.

If you don't provide information

We may not be able to accept your claim if you don't provide the information we request. It is important that all the information you provide is complete and correct. If it isn't, we may decline your claim. In some situations, such as where false or fraudulent information is provided, we may also cancel your policy. Please check your policy terms or contact us if you have any questions.

We may share your information

We may collect your personal information from and share it with:

- other insurance companies
- the Insurance Claims Register Limited, and
- other third parties we consider necessary to manage your claim.

Insurance Claims Register Limited operates a database that records all claims received by participating insurers for the purpose of detecting and preventing insurance fraud.

Your privacy rights

You can request access to and correction of your personal information at any time by contacting us using the details in our Privacy Statement.

IMPORTANT NOTICES AND DECLARATION (cont)

Information about other people

We may collect personal information from you about other people (for example, people covered by your policy).

Before providing us with their personal information, you must:

- get their permission,
- make them aware of this Privacy Notice and our Privacy Statement, and
- make them aware of their right to access and request correction of their information.

Authorisation

You confirm that you understand this Privacy Notice and agree to us collecting, using and sharing your personal information as described above and in our Privacy Statement.

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

SUBMIT BY EMAIL