

# Hull Claim Form



**The Insurers do not admit liability by the issue of this form.**

Claimant \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Vessel name \_\_\_\_\_ Type \_\_\_\_\_

Is the vessel entered into SSM system? **yes ~ no** (Please circle)

If yes, which one? \_\_\_\_\_ Date entered / /

\_\_\_\_\_ Certificated issued **yes ~ no**

**Please answer the following questions**

1. Exact time of incident \_\_\_\_\_  am  pm Date / /

2. Where did the incident occur? \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

3. What happened? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. For what purpose was the vessel being used? \_\_\_\_\_

\_\_\_\_\_

5. Speed at time of incident \_\_\_\_\_ Tide \_\_\_\_\_

**Weather conditions:** *visibility*  good  fair  very poor

*water*  calm  moderate  rough

*wind*  under 15  15 – 29  30 – 40  over 40 knots

6. a) Name of the person operating the vessel at the time of the incident \_\_\_\_\_

b) What is their relationship to the Assured? \_\_\_\_\_

c) Is this person the usual master? **yes ~ no**

If no, i) why was this person operating the vessel? \_\_\_\_\_

ii) please provide details of their qualifications/experience \_\_\_\_\_

d) Were any drugs or alcohol consumed by the person named in 6(a) within the 24 hours prior to this incident? **yes ~ no**

7. a) Name of other person(s) on the bridge at the time of the incident \_\_\_\_\_

b) How many crew were on board the vessel at the time of the incident? \_\_\_\_\_

c) Please provide details of qualifications/experience of all the crew (use a separate sheet of paper if necessary) \_\_\_\_\_

\_\_\_\_\_

d) Please provide details of the watchkeeping regime in force on the vessel \_\_\_\_\_

\_\_\_\_\_

8. Has the Maritime Safety Authority been advised of the incident? **yes ~ no**

If no, please advise reason \_\_\_\_\_

\_\_\_\_\_

If yes, please advise Location of MSA office \_\_\_\_\_ Date advised / /

Name of person advised \_\_\_\_\_

How was this communicated to MSA  Phone  Fax  Other (detail please) \_\_\_\_\_

Did you use a MSA Accident and Incident Report? **yes ~ no** If yes, attach a copy.

9. Please give full details of the damage to the insured vessel \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Where can the vessel be inspected? \_\_\_\_\_  
 \_\_\_\_\_
11. Has an estimate for the cost of repairs been obtained? **yes ~ no**  
 If yes, amount \$ \_\_\_\_\_ From whom? \_\_\_\_\_
12. What action, if any, has been taken to minimise loss/damage or liability? \_\_\_\_\_  
 \_\_\_\_\_
13. Did you own all the damaged/lost property? **yes ~ no**  
 If no, owner's name and address \_\_\_\_\_  
 \_\_\_\_\_
14. a) Do you have any other insurance which may cover this loss? **yes ~ no**  
 If yes, please provide details of insurance company and address \_\_\_\_\_  
 b) Have you previously had any insurance claims? **yes ~ no** If yes, detail on a separate sheet.
15. If theft/burglary/malicious damage, have the police been notified? **yes ~ no**  
 If no, why not \_\_\_\_\_  
 If yes, station reported to \_\_\_\_\_ Date / /
- Note: Please attach police complaint acknowledgement form.**
16. If burglary/theft, please advise how incident occurred and what security arrangements were in place at time of loss \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Note: For theft/burglary claims please attach details of items stolen including purchase price and date.**

**Liability to 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.**

17. Please provide details of damage to third party property \_\_\_\_\_
18. Provide name and address of the owner of the other vessel or property \_\_\_\_\_  
 \_\_\_\_\_
19. Did you consider the incident to be the fault of any person other than yourself? **yes ~ no**  
 If yes, please give details \_\_\_\_\_
20. Did the other person admit liability? **yes ~ no**  
 If yes, please give details \_\_\_\_\_
21. Estimate of damage to third party property \$ \_\_\_\_\_
22. Loss of earnings (if insured) – number of days unable to operate \_\_\_\_\_
23. Details of rental/replacement vessel costs \_\_\_\_\_

## Privacy Act

**Pursuant to the Privacy Act 1993 the following is brought to your attention**

- This claim form collects personal information about you;
- The information is collected to evaluate your claim;
- The intended recipient of the information is Vero Marine Insurance;
- The information is collected and held by Vero Marine Insurance, 48 Shortland Street, Auckland;
- The collection of this information is required pursuant to your insurance policy;
- The failure to provide this information may result in your claim being declined;
- You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

## Declaration

I/We declare that the above statements are true and correct and I/we have not withheld any material information which will directly or indirectly affect this claim.

Signature of Claimant \_\_\_\_\_ Date / /  
 Print Name \_\_\_\_\_ Position \_\_\_\_\_