

Who is Reporting the claim

Name

Insured Intermediary Other

Ongoing Contact

As Above

Other Name

Contact Phone

Email

Insured Details

Policy Number

Insured Name

Address

Suburb/ Town

State/ Territory

GST Information

Is the Insured Registered for GST
Yes No

What is the Insured's ABN

Can the insured claim an ITC Yes No

If yes, what percentage

Banking Details

If we determine that part or the insured's entire claim can be settled, indicate the preferred method of settlement:

Cheque via intermediary EFT to insured

If EFT, please advise preferred bank account details

Account Name

BSB

Account No.

Are you the owner of the items being claimed

Yes No

If No, please advise details of the owner

Incident Details

Where did the loss happen

When did the loss happen

If the loss date is unknown, when was the vessel last inspected

What happened

Where are the items being claimed for now located

Description of items lost or damaged

Item	Amount

What you will need to support your claim

Proof of Vessel Operations
(any of these documents will be regarded as proof of the vessel operations)

Master's/ skipper's license Certificate of Survey

Proof of Damage or Loss
(any of these documents will be regarded as proof of Damage or Loss)

Photos of Damage Repairer Report
 Damage Inspection Report Repair Quote

Proof of Ownership
(any of these documents will be regarded as proof of Ownership)

Vessel Registration
 Purchase Invoice