

Claim / Customer Ref:

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Regional Office/Service Centre

The Privacy Act 1993 requires us to inform you about certain rights and obligations relating to the information which we collect on this form. They are in the declaration at the end of the form. We recommend that you read the declaration before continuing.

This form must be returned directly to us immediately with all questions answered. The skipper details should be completed by the **actual** skipper of the boat if the skipper is different from the insured.

Important: Please read before completing this form.

Many of the fraudulent claims we receive are made as boat claims.

This usually has the result of increasing premiums and raising excesses. Rather than penalising you – our honest and loyal clients whose support we value – we'd prefer to ask your help in filling out this form. Particularly we would point out that where items within a claim are proven to be inflated, the total claim will be declined. We will be carefully monitoring all claim information with the aim of paying genuine claims quickly, stopping expensive fraudulent claims and keeping your premiums down. Thank you for your co-operation.

1.0 Insured's details

CONTACT DETAILS

Insured's Full Name(s)

Phone ()

Mobile ()

Fax ()

Email

ADDRESS DETAILS

Street number

Street name

Suburb

Town / City

Postcode

INTERESTED PARTY (BANK, FINANCE COMPANY ETC)

Name

Name

Postal Address

Postal Address

Post Code

Post Code

2.0 Vessel's details

INSURED BOAT

Boat Name

Type of craft

Year built

Maker's name

Fire extinguishers

Hull construction

TRAILER

Make

Registration

MOTOR(S)

Make

 Inboard Outboard

Horsepower

Fuel

Year made

Serial number

Make

 Inboard Outboard

Horsepower

Fuel

Year made

Serial number

3.0 The skipper or person in charge of the boat

Who was in charge of your boat at the time?

Age? _____

Was the person in charge the:

- Owner Employee Family member
 If other specify whom _____

Was the boat being used without the owner's knowledge and consent? Yes No
If "Yes", please give details _____

Had the skipper taken any medication in the 24 hours prior to the accident? Yes No
If "Yes", please give details _____

Had alcohol and/or drugs been consumed by the skipper in the 24 hours prior to the accident? Yes No
If "Yes", please give details _____

Was a breathalyser, blood test, or other test required? Yes No
If "Yes", please give details _____

In the last five years has the skipper or owner
a. Had any insurance cancelled or refused? Yes No
b. Been convicted of driving while under the influence of drugs or alcohol? Yes No
c. Had any previous accidents or made a claim on a boat insurance policy? Yes No
If "Yes", please give details _____

4.0 What happened?

Day / date of loss or damage

d	d	m	m	y	y	y	y
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Time of loss or damage _____ am
_____ pm

If the loss was caused by theft or burglary please advise when you discovered the loss

Time _____ am _____ pm Date

d	d	m	m	y	y	y	y
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Owner's and/or Skipper's report on circumstances of the loss or damage. If necessary, continue on separate sheet and attach _____

Purpose used at time of the loss or damage? _____

No. of passengers _____

Was the boat being raced at the time of the loss or damage? Yes No

Weather conditions at time of the loss or damage

- Fine Rain Overcast Dusk
 Dark Daylight Calm Choppy

Was your boat on an approved mooring and in a site authorised for its use? Yes No
If "Yes", by whom approved and authorised? _____

If "No", give full details _____

Detail damage or items lost _____

Estimated cost of repairs.
If available please attach repair quotation(s) \$ _____

Name of repairer _____

5.0 Details of others involved?

Was any other party involved in the loss or damage? If "Yes" give full details Yes No

Owner's name and type of vessel:

Owner's Address:

If insured, by whom?

Brief details of damage to other vessel:

Name and address of person in charge of other vessel at time of the loss or damage, if not owner:

Witnesses: Names and addresses
Including all crew, passengers and independent witnesses

Has any claim been made upon you? Give details

Do you consider others were responsible for or contributed to the loss or damage? Give details

6.0 Police details

Did the Police/Search and Rescue attend the scene? Yes No

If "No", have the Police been notified? Yes No
If "Yes", which Police Station was the loss reported to?

On which date?

d	d	m	m	y	y	y	y
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N.B. Please attach the Police Complaint Form in all cases of theft or loss

Has the loss been advertised in any newspapers? If "Yes" Yes No

Paper

Date

d	d	m	m	y	y	y	y
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Other action taken to recover property

7.0 Settlement

If any part of our/my claim is settled on a cash basis, I/we authorise Tower Insurance to:

Draw the cheque in favour of

Bank the money into the following bank account

To be signed by all named Insureds

8.0 Declaration (please read this carefully before signing)

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

I/We declare that:

All the statements in this claim form and any additional schedules are correct.

Yes No

The boat and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.

Yes No

I/We have told TOWER everything relevant to this claim.

Yes No

I/We understand that:

Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.

The personal information provided in this claim form is being collected by TOWER to enable it to evaluate my/our claim.

I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, TOWER may be entitled to decline the claim whether or not it is later corrected.

If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify TOWER immediately and return the property to TOWER or will refund to TOWER the value of the recovered items.

I/We authorise TOWER to obtain personal information about me/us from any other party including the insurance claims register administered by the Insurance Council of New Zealand and to release information relating to this claim to other parties including the Insurance Council of New Zealand for the purpose of inclusion in the insurance claims register.

I/We authorise TOWER to obtain if required a copy of the police report from the New Zealand Police relating to this claim.

8.1 EXCEPTIONS TO THIS DECLARATION

Signature

Before signing please ensure that you have answered all the questions and have read and understood the "declaration" above.

Full name	Date								Signature
Insured's name	d	d	m	m	y	y	y	y	
Witness Signature	d	d	m	m	y	y	y	y	
Skipper's name	d	d	m	m	y	y	y	y	
Witness Signature	d	d	m	m	y	y	y	y	

←
Sign here
→

Thank you

Please send this form to: TOWER, PO Box 90347, Auckland 1142

Thank you for completing your claim. You will be contacted shortly regarding the status of your claim.

If you have any questions or need to update any information regarding your claim then please contact us on 0800 379 372.

This information is held by TOWER at 22 Fanshawe Street, Auckland.