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## MEMBER'S DETAILS

Member's Surname  Given Name/s  Policy Number   
Member's Permanent Postal Address  Postcode   
Occupation  Home Phone  Business  Mobile

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## PARTICULARS OF INSURED VESSEL

Type  Length  H.P.  Fuel   
Registration Number

3

## NAVIGATOR

Who was in charge of your vessel at the time of the incident?  Relationship to member?   
Address  Postcode   
Occupation   
Give details of his/her qualifications and experience in handling vessels

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## DETAILS OF INCIDENT

Date of accident  Time :  am/pm What was the speed of your vessel at time of incident?   
Were the lights on your vessel on?  Yes  No  
Have you reported the incident to Local Authorities or other officials?  Yes  No  
If so, who?   
If the vessel is a wreck, give its position  
  
  
Can your vessel be salvaged?  Yes  No  
Explain fully how the incident happened  
  
  
Was the incident caused by the fault of any person other than your Navigator?  Yes  No  
If yes, give details

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**DAMAGE TO YOUR VESSEL**

Details of damage (please include a detailed quote of probable cost of repairs)

Four empty text input boxes for detailing damage.

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**DAMAGE TO THIRD PARTIES** (Persons and property)

Full details of damage or injury and names and addresses of all persons concerned.

Two empty text input boxes for third party details.

Have any claims been made against you?  Yes  No If so, state amount \$

NOTE: If a claim is received from a Third Party it should be acknowledged, stating that the matter is receiving attention. Do not admit liability or make any offer or promise of payment. All communications from Third Parties should be forwarded to HBF as soon as they are received.

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**WITNESSES**

Passengers in Vessel, please give name and address

Two columns of two empty text input boxes for passenger names and addresses.

Independent Witnesses, please give name and address

Two columns of two empty text input boxes for independent witness names and addresses.

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**REPAIRS TO YOUR VESSEL**

Is the vessel at a repairer?  Yes  No If yes, give name of repairer

Have you obtained a quote for repairs?  Yes  No If yes, amount \$

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**INSURANCE**

Do you hold more than one policy covering you in respect of this accident?  Yes  No

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**SALVAGE**

If any salvage services have been rendered, please give full details, including names of those who rendered the service and under what circumstances.

Two empty text input boxes for salvage service details.

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**DECLARATION**

I/We declare that:

- 1. The information contained in this claim form is true and complete in every respect, and I have not withheld any relevant information.
- 2. HBF Insurance is authorised to obtain any statement made in relation to this claim form from the Police and any particulars in relation to any criminal convictions.
- 3. HBF Insurance is authorised to obtain details from my lender of the amount owing in respect to the insured property.
- 4. HBF may lawfully refuse to pay this claim if fraudulent information is included in this claim or material facts have been fraudulently concealed or omitted.
- 5. I consent to HBF Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to HBF Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of Navigator

Empty text input box for Navigator signature.

Date

Date input fields: D D M M Y Y

Signature of Policyholder

Empty text input box for Policyholder signature.

Date

Date input fields: D D M M Y Y