

### 1 Member's Details

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

### 2 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

### 4 Details of Incident

Date of incident 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

# 5

## Damage to your Vessel

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


# 6

## Damage to Third Parties (Persons and property)

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


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.

# 7

## Witnesses

Passengers in Vessel, please give name and address


Independent Witnesses, please give name and address


# 8

## 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 \$

# 9

## Insurance

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

# 10

## Salvage

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


# 11

## Declaration

HBF Insurance Pty Ltd (ABN 11 009 268 277) (HBF) will use the information you supply on this form, and the information we collect from third parties in connection with your claim (which by signing this form you authorise us to collect), to assess and process your claim. We may disclose certain personal information to claims service providers, to the Insurance Reference Bureau and to our related companies.

Further information on how HBF may use and disclose the personal information you provide is contained in HBF's Privacy Statement, which also sets out information about access to your personal information, the laws that impact on HBF's handling of personal information and the consequences if you do not provide the personal information HBF requires. A copy of the Privacy Statement is available at [www.hbf.com.au](http://www.hbf.com.au) or you can phone a Member Service Advisor on 133 423 to request a copy.

Signature of Navigator

Date

Signature of Policyholder

Date