

# boat claim form

Policy No

Claim No

## section 1: insured

Title  Mr  Mrs  Miss  Ms  Dr  Other (please specify)

First names  Last name (or Corporate name)

Address (include Town, City or District & Post Code)

Occupation  Phone (Home)  (Business)

## section 2: insured property

NOTE: Complete these details only for the property damaged or lost.

Boat Built by & Type  Year Built

Motor(s) 1. Make, Model & Horsepower  Type

Inboard  Outboard  Serial Number (Outboard only)

2. Make, Model & Horsepower  Type

Inboard  Outboard  Serial Number (Outboard only)

Trailer Make & Type  Reg. No.  Year Built

Other Insured Property	Description	Serial No. (where applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Where can the Insured Property be inspected?

Nominated Repairer

## section 3: the driver

Name of person in charge of boat if other than the insured

Title  Mr  Mrs  Miss  Ms  Dr  Other (please specify)

First names  Last name

Address (include Town, City or District & Post Code)

Occupation  Phone (Home)  (Business)

Age Last Birthday  Relationship to Insured (eg: wife, son, friend etc.)

## section 4: location

Day of mishap  Date  Time   am  pm

Location of mishap  Nearest Town

## section 5: description of mishap

State fully and clearly how the mishap occurred

mishap details continued from front page.

## section 6: theft

Complete this section if the loss was caused by theft or attempted theft

What anti-theft precautions had been taken?

## section 7: authorities

Complete this section if the mishap occurred while the Insured Property was ashore (eg. on tow, in garage etc.)

Was the mishap reported to the Ministry of Transport or Police? .....  yes  no

If 'Yes', state where and when (give name of officer, if known)

Was a breathalyser or blood test, or any other test requested? .....  yes  no

If 'Yes', state result

## section 8: other property

Details of any other boat, vehicle or any other property damaged in this accident:

Description of Property	Name & Address of owner	Insurer (if any)

## declaration

I/we declare that the information and answers given above are true in every detail and that all relevant information has been disclosed. I/we authorise AMI Insurance to give to or obtain from any other party any information that in AMI Insurance's view is relevant to this claim. I/we understand that:

- the claim may be refused if information is untrue or concealed.
- the information (which AMI Insurance Limited will retain) is needed before it will decide whether to accept this claim.
- the Privacy Act 1993 entitles me to have access to and if necessary request correction of the information.

Claimant's Signature

Date

Signature of Insured

Date