



Boat Insurance

Claim form

Policy number

Claim number

Section 1: insured

Title: Mr Mrs Miss Ms Dr

First and last name(s):

Business / Organisation / Other name (if applicable):

Address:

Home phone: Work phone: Mobile phone:

Email address: Date of birth:

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)

Where can the Insured Property be inspected?

Nominated Repairer:

Section 3: the driver

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

Title: Mr Mrs Miss Ms Dr Other

First name(s): Last name:

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

Home phone: Work phone:

Mobile phone:

Age last birthday: Relationship to Insured (e.g. wife, son, friend etc.):

Section 4: location

Date of mishap: / / Time: am pm

Location of mishap:

Nearest town:

Section 5: description of mishap

State fully and clearly how the mishap occurred:

Did anyone get hurt in the mishap? yes no

If 'Yes', give details:

Have the police laid or mentioned laying charges against you or the driver of your boat? yes no

If 'Yes', give details:

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, when, name of officer (if known) and Police file number:

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 mishap:

Description of Property	Name and address of owner	Insurer (if any)

Declaration

I confirm that:

- The information given is entirely true and correct and that I have not withheld any information relevant to the acceptance of this insurance. Where I have given information about someone else, I confirm that I have their permission to do so and that their information may be treated in the same way as mine.
- Where any information I have provided is incorrect or has been withheld, AMI Insurance ("AMI"), a business division of IAG New Zealand Limited, without prejudice to its other rights, may decline and may treat my policy as void from the outset.
- AMI, a business division within IAG's New Zealand group of companies and the other companies in that group (together the "IAG NZ Group"), is authorised to:
 - Obtain from any other person, including other members of the IAG NZ Group and Southern Response Earthquake Services Limited ("Southern Response"), information about my insurance history (including information related to claims) or any other matter relevant to this policy, any claim by or relating to me, or additional or future insurance I might take out with AMI or other members of the IAG NZ Group and use and disclose such information for the purposes of IAG NZ Group's insurance business in accordance with its applicable privacy policy;
 - Disclose to any other person, including other members of the IAG NZ Group, information about this claim, policy or previous or future insurance with the IAG NZ Group, if the person making the request is entitled to the information or if the IAG NZ Group determines at its discretion that the person is properly acting on my behalf and that the disclosure of the information will be to my benefit;
 - Disclose information (including information related to claims) that the IAG NZ Group has collected or collects about me, to Southern Response for the purposes of Southern Response evaluating, processing, managing and settling any claims, and any matters that are necessary for, or incidental to, such purposes and other insurance purposes, in accordance with Southern Response's privacy policy; and
 - Send me commercial electronic messages (e.g. texts, emails and faxes) for any of the purposes set out in AMI's privacy policy, including the marketing to me of products and services of the IAG NZ Group.
- I understand this information is obtained for the purposes of evaluating and processing my claim and for other insurance purposes (including verifying identity, considering whether to provide insurance to me, offering quotes, providing insurance and to administer my insurance policy), and may also be used to tell me about other products offered by the IAG NZ Group. This information may be stored physically or electronically, including in offshore facilities, by AMI, IAG or any other company in the IAG Group or any supplier (with whom we have a contractual arrangement).
- I am aware that the Privacy Act 1993 entitles me to have access to and request correction of this information.

Signature of Claimant:

X

Date:

/ /

Signature of Policyholder:

X

Date:

/ /