

### Who is Reporting the claim

Name

Insured      Intermediary      Other

### Ongoing Contact

As Above

Other      Name

Contact Phone

Email

### Insured Details

Policy Number

Insured Name

Address

Suburb/ Town

State/ Territory

### GST Information

Is the Insured Registered for GST

Yes      No

What is the Insured's ABN

Can the insured claim an ITC    Yes      No

If yes, what percentage

### Banking Details

If we determine that part or the insured's entire claim can be settled, indicate the preferred method of settlement:

Cheque via intermediary      EFT to insured

If EFT, please advise preferred bank account details

Account Name

BSB

Account No.

### Are you the owner of the items being claimed

Yes      No

If No, please advise details of the owner

### Incident Details

Where did the loss happen

When did the loss happen

If the loss date is unknown, when was the vessel last inspected

What happened

Where are the items being claimed for now located

### Description of items lost or damaged

Item	Amount

### What you will need to support your claim

Proof of Vessel Operations

*(any of these documents will be regarded as proof of the vessel operations)*

Master's/ skipper's license      Certificate of Survey

Proof of Damage or Loss

*(any of these documents will be regarded as proof of Damage or Loss)*

Photos of Damage      Repairer Report

Damage Inspection Report      Repair Quote

Proof of Ownership

*(any of these documents will be regarded as proof of Ownership)*

Vessel Registration

Purchase Invoice