

THE PRIVACY ACT 1993 REQUIRES US TO INFORM YOU ABOUT CERTAIN RIGHTS AND OBLIGATIONS RELATING TO THE INFORMATION WHICH WE COLLECT ON THIS FORM. THEY ARE IN THE DECLARATION AT THE END OF THE FORM. WE RECOMMEND THAT YOU READ THE DECLARATION BEFORE CONTINUING.

THIS FORM MUST BE RETURNED DIRECTLY TO US IMMEDIATELY WITH ALL QUESTIONS ANSWERED. THE SKIPPER DETAILS SHOULD BE COMPLETED BY THE ACTUAL SKIPPER OF THE BOAT IF THE SKIPPER IS DIFFERENT FROM THE INSURED.

IMPORTANT

Please read before completing this form.

Many of the fraudulent claims we receive are made as
Boat claims.

This usually has the result of increasing premiums and raising excesses.
Rather than penalising you – our honest and loyal clients whose support we
value – we'd prefer to ask your help in filling out this form.

Particularly we would point out that where items within a claim are proven to be inflated,
the total claim will be declined.

We will be carefully monitoring all claim information with the aim of
paying genuine claims quickly, stopping expensive fraudulent claims and keeping your
premiums down.

Thank you for your co-operation.

INSURED'S FULL NAME(S) <small>Mr/Mrs/Miss/Ms</small>	<input type="text"/>		
	<input type="text"/>		
	DATE(S) OF BIRTH	<input type="text"/>	<input type="text"/>
POSTAL ADDRESS	TELEPHONE <input type="text"/>		
	DAY <input type="text"/> NIGHT <input type="text"/>		
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
INTERESTED PARTY <small>(BANK, FINANCE COMPANY ETC)</small>	<input type="text"/>		
	<input type="text"/>		
POSTAL ADDRESS	<input type="text"/>		
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

INSURED BOAT

BOAT NAME	TYPE OF CRAFT	YEAR BUILT
MAKER'S NAME	FIRE EXTINGUISHERS	HULL CONSTRUCTION

MOTOR(S)

MAKE	INBOARD/OUTBOARD	H.P.	FUEL	YEAR MADE	SERIAL No.

TRAILER

MAKE	REGISTRATION

THE SKIPPER OR PERSON IN CHARGE OF THE BOAT

- Who was in charge of your boat at the time?..... Age?
 - Was the person in charge the: OWNER EMPLOYEE FAMILY MEMBER IF OTHER SPECIFY WHOM.....
Please Appropriate Box. IF YES, GIVE DETAILS:
 - Was the boat being used without the owner's knowledge and consent? YES NO
 - Had the skipper taken any medication in the 24 hours prior to the accident? YES NO
 - Had alcohol and/or drugs been consumed by the skipper in the 24 hours prior to the accident? YES NO
 - Was a breathalyser, blood test, or other test required? YES NO
 - In the last five years has the skipper or owner
 - Had any insurance cancelled or refused? YES NO
 - Been convicted of driving while under the influence of drugs or alcohol? YES NO
 - Had any previous accidents or made a claim on a boat insurance policy? YES NO
- Insurance Company

WHAT HAPPENED?

- Date of loss or damage/...../..... Time of loss or damage
- If the loss was caused by theft or burglary please advise when you discovered the loss Date:/...../..... Time.....
- Owner's and/or Skipper's report on circumstances of the loss or damage (if necessary, continue on separate sheet and attach)
.....
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.....
.....
.....
.....
.....
- Purpose used at time of the loss or damage?..... No. of passengers
- Was the boat being raced at the time of the loss or damage?..... YES NO
- Weather conditions at time of the loss or damage:
 Fine Rain Overcast Dusk
 Dark Daylight Calm Choppy

7. Was your boat on an approved mooring and in a site authorised for its use? YES NO

8. If YES, by whom approved and authorised:

9. If NO, give full details:

.....

.....

10. Detail damage or items lost:.....

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.....

.....

.....

11. Estimated cost of repairs (if available please attach repair quotation(s): \$

12. Name of repairer:

.....

DETAILS OF ANY OTHERS INVOLVED

1. Was any other party involved in the loss or damage? YES NO

If YES, please give details:

2. Owner's name and type of vessel:

3. Owner's Address:

4. If insured, by whom?

5. Brief details of damage to other vessel:

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.....

6. Name and address of person in charge of other vessel at time of the loss or damage, if not owner:

.....

7. Witnesses: Names and addresses (including all crew, passengers and independent witnesses):

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.....

8. Has any claim been made upon you? Give details:

.....

9. Do you consider others were responsible for or contributed to the loss or damage? Give details:

.....

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POLICE/SEARCH AND RESCUE DETAILS

Please read this carefully

Did the Police/Search and Rescue attend the scene? YES NO

If NO, have the Police been notified? YES NO

If YES, which Police Station was the loss reported to?

On which date?

N.B. Please attach the Police Complaint Form in all cases of theft or loss.

Has the loss been advertised in any newspapers? YES NO

If YES: Paper..... Date.....

Other action taken to recover property:

If any part of our/my claim is settled on a cash basis, I/we authorise Tower Insurance to :

- Draw the cheque in favour of.....
- Bank the money into the following bank account

To be signed by all named Insureds'

DECLARATION

Please read this carefully before signing.

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

Please Tick

YES

NO

I/We declare that:

- All the statements in this claim form and any additional schedules are correct.
- The boat and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.
- I/We have told Tower Insurance everything relevant to this claim.

I/We understand that:

- Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- The personal information provided in this claim form is being collected by Tower Insurance to enable it to evaluate my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Tower Insurance may be entitled to decline the claim whether or not it is later corrected.
- If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Tower Insurance immediately and return the property to Tower Insurance or will refund to Tower Insurance the value of the recovered items.

I/We authorise Tower Insurance to obtain personal information about me/us from any other party including the insurance claims register administered by the Insurance Council of New Zealand and to release information relating to this claim to other parties including the Insurance Council of New Zealand for the purpose of inclusion in the insurance claims register.

I/We authorise Tower Insurance to obtain if required a copy of the police report from the New Zealand Police relating to this claim.

Exceptions to this Declaration:

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Insured's Signature.....

Witness Signature

Date/...../.....

Date/...../.....

Skipper's Signature.....

Witness Signature

Date/...../.....

Date/...../.....