

# Commercial Hull

## Claim form



### How to complete this form

Print out the form and complete by hand. Once completed, scan the form and email to your broker or send directly to **marineclaims@ando.co.nz** (If space is insufficient, please continue on a separate sheet and attach with this form, including any supporting photos and documents.)

### Policyholder details

Policy number	<input type="text"/>		
Company name	<input type="text"/>		
<b>OR</b>			
Title	<input type="text"/>	First name	<input type="text"/>
		Last name	<input type="text"/>

### Contact details of the person completing this form

Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
Mobile*	<input type="text"/>	Alternative contact number	<input type="text"/>		
Email address*	<input type="text"/>				
Role* (e.g. broker, skipper or owner)	<input type="text"/>				
Address	<input type="text"/>				
Suburb	<input type="text"/>	Town/City	<input type="text"/>	Postcode	<input type="text"/>

### Vessel details

Name of vessel*	<input type="text"/>	Type	<input type="text"/>
Is the vessel entered into MOSS or an equivalent Maritime New Zealand system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If 'Yes', which one?	<input type="text"/>	Date entered	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is certificate current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Incident details

Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Exact time of incident	<input type="text"/> am <input type="text"/> pm
Where did the incident occur?	<input type="text"/>		
Please describe what happened and details of the damage to the insured vessel			
<input type="text"/>			
Where can the vessel be inspected?	<input type="text"/>	Contact details	<input type="text"/>
Has the Maritime Safety Authority (MSA) been advised of the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has an estimate for the cost of repairs been obtained?	<input type="checkbox"/> Yes (if selected, please attach a copy)	<input type="checkbox"/> No	
What action, if any, has been taken to minimise loss/damage or liability?	<input type="text"/>		

## Theft, burglary or malicious damage of property (Only complete this section if applicable)

If there has been theft, burglary or malicious damage, have the police been notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', please attach a copy of the police complaint acknowledgement form	<input type="checkbox"/> Attached	
If 'No', please explain why	<input type="text"/>	
Did you own all the damaged or lost property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'No', please provide the owner's name and contact details	<input type="text"/>	
Please advise what security arrangements were in place at the time of loss		
<input type="text"/>		
Please attach details of the damaged or stolen items including purchase price and date	<input type="checkbox"/> Attached	

## Personnel details

Name of the person operating the vessel at the time of the incident*	<input type="text"/>
What is their relationship to the Insured?	<input type="text"/>
Is this person the usual master?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No': i) why was this person operating the vessel?	<input type="text"/>
ii) please provide details of their qualifications/experience	<input type="text"/>
Were any drugs or alcohol consumed by the person operating the vessel within the 24 hours prior to this incident?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Insurance details

Do you hold any other policy which could cover this claim?*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If 'Yes', please provide the details below			
Party holding the policy	<input type="text"/>	Insurer	<input type="text"/>
Policy number	<input type="text"/>	Type of insurance	<input type="text"/>
Have you made any insurance claims in the last three years?*	<input type="checkbox"/> Yes (if selected, please attach details on a separate sheet) <input type="checkbox"/> No		

## Third party details (Only complete this section if there was another party involved)

**No liability should be admitted by you, or any offer made to compensate for damage.  
All communications received should be forwarded to us immediately.**

Title	<input type="text"/>	First name	<input type="text"/>	Last name	<input type="text"/>
Mobile	<input type="text"/>	Alternative contact number	<input type="text"/>		
Email address	<input type="text"/>				
Please provide details of damage to third party property					
<input type="text"/>					
Do you consider other people were responsible for, or contributed to, the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', please provide details	<input type="text"/>				
Has anyone admitted that they caused or contributed to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
If 'Yes', please provide details	<input type="text"/>				

**Please note:**

- Ando Insurance Group Limited does not admit liability by the issue of this form.
- Any occurrence or claim must be notified to Ando Insurance Group Limited immediately.
- You must not incur any expenses without the written consent of Ando Insurance Group Limited.
- You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Ando Insurance Group Limited.
- Failure to provide full and correct information could result in your claim being delayed or not being accepted by Ando Insurance Group Limited.
- Please retain damaged goods in case inspection is required.
- Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

**Claim form declaration**

I/we declare that to the best of my/our knowledge the information provided in this form is complete and accurate.

**I/we:**

- a. Agree to provide any further information that may be required;
- b. Understand that you require this personal information in connection with this claim and that it may be stored physically or electronically by Ando Insurance Group Limited, or any supplier (with whom we have a contractual arrangement);
- c. Authorise the disclosure of this personal information associated with this claim to other parties;
- d. Authorise you to obtain from any other party personal information about me/us that you may consider to be relevant to this claim;
- e. Authorise you to add details of this claim to the database of the Insurance Claims Register (ICR) where it will be retained and available for other insurers to access;
- f. Authorise you to obtain from the ICR details of claims made by me/us;
- g. Understand that I/we have certain rights of access to and correction of personal information held by you and the ICR;
- h. Understand that failure to provide all personal information requested by you in relation to this claim may result in the claim being delayed or denied.

I have read and accept these conditions\* (please tick)

Signature(s) of Insured\*

Date\*

**Need help?**

Call us on 0800 567 333

Email [marineclaims@ando.co.nz](mailto:marineclaims@ando.co.nz)

We adhere to the Fair Insurance Code which provides you with assurance that we have high standards of service to our customers. You can access a copy of the code at [icnz.org.nz](http://icnz.org.nz)

