



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"/> | | |
| OR | | | |
| 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"/> |

Boat and incident details

| | | | |
|--|----------------------|-----------------------------|---|
| Name of boat* | <input type="text"/> | Boat type | <input type="text"/> |
| Date of incident* | <input type="text"/> | Time of incident (if known) | <input type="checkbox"/> am <input type="checkbox"/> pm |
| Where did the incident occur?* | <input type="text"/> | | |
| Name of person operating the boat at the time of the incident* | <input type="text"/> | | |
| If this is not the insured, please advise their relationship | <input type="text"/> | | |

Boat and incident details cont.

Were any drugs or alcohol consumed by this person within 24 hours prior to the incident? Yes No

For what purpose was the boat being used? Pleasure Racing Commercial

If 'Racing' is selected, has a protest been made?
Please provide details

Please advise what happened and full details of the damage to the insured boat and/or items lost*

Where can the boat be inspected? Contact details

Has an estimate for the cost of repairs been obtained? Yes (if selected, please attach a copy) No

What action, if any, has been taken to minimise loss/damage or liability?

Mooring

Was the boat on an approved mooring authorised for its use? Yes No N/A

If 'Yes', please provide date of when mooring was last inspected By whom?

If 'No', please provide details

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? Yes No

If 'Yes', please attach a copy of the police complaint acknowledgement form Attached

If 'No', please explain why

Did you own all the damaged or lost property? Yes No

If 'No', please provide the owner's name and contact details

Please advise what security arrangements were in place at the time of loss

Please attach details of the damaged or stolen items including purchase price and date Attached

Insurance details

Do you hold any other policy which could cover this claim? Yes No

If 'Yes', please provide the details below

Party holding the policy

Insurer

Policy number

Type of insurance

Have you made any boat insurance claims in the last three years? Yes No

If 'Yes', please provide details

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.**

Has any claim been made on you? Yes No

Please provide other party's name and contact details

Title

First name

Last name

Mobile

Alternative
contact number

Email address

Name of boat

Boat type

Please provide brief details of damage to third party property

If a person, other than the owner, was in charge of the other boat at the time of the incident, please provide the name and contact details of that person

Do you consider other people were responsible for, or contributed to, the accident? Yes No

If 'Yes', please provide details

Has anyone admitted that they caused or contributed to the incident? Yes No

If 'Yes', please provide details

Third party details cont.

Were witnesses present? Yes No

If 'Yes', please provide details of the witnesses, including all crew, passengers and independent witnesses.
(If further entries are required, please continue on a separate sheet.)

Witness 1

| | | | |
|-------------------------|----------------------|----------------------------|----------------------|
| First name | <input type="text"/> | Last name | <input type="text"/> |
| Mobile | <input type="text"/> | Alternative contact number | <input type="text"/> |
| Address | | | |
| Email address | | | |
| Relationship to Insured | | | |

Witness 2

| | | | |
|-------------------------|----------------------|----------------------------|----------------------|
| First name | <input type="text"/> | Last name | <input type="text"/> |
| Mobile | <input type="text"/> | Alternative contact number | <input type="text"/> |
| Address | | | |
| Email address | | | |
| Relationship to Insured | | | |

Witness 3

| | | | |
|-------------------------|----------------------|----------------------------|----------------------|
| First name | <input type="text"/> | Last name | <input type="text"/> |
| Mobile | <input type="text"/> | Alternative contact number | <input type="text"/> |
| Address | | | |
| Email address | | | |
| Relationship to Insured | | | |

For collision claims please sketch plan of the incident below, or attach separately

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

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

