

Water	<input type="checkbox"/> Calm	<input type="checkbox"/> Moderate	<input type="checkbox"/> Rough
Wind	<input type="checkbox"/> Under 15 knots	<input type="checkbox"/> 15-29 knots	
.	<input type="checkbox"/> 30-40 knots	<input type="checkbox"/> Over 40 knots	

6. Own Damage and Liability Claims

Name of person operating the boat;

Address

Home Phone Number Work / Mobile

Boat Licence Number Expiry Date

Date of Birth Boating Experience
 / / years

What is the relationship of this person to the insured?

Is it alleged that any person involved in this incident was under the influence of alcohol or a drug? No Yes. If yes, details.

7. Theft Claims

Where was the property being claimed for stolen from?

Was there evidence of forcible entry or removal?
 No Yes

How did they gain entry or remove the property being claimed?

8. Police/Authorities – All Incidents

Have you reported the incident to police?
 No Yes. Provide details.

Police Station:
Date & time reported:
Police report number: (Attach copy)

If this incident involves a race or speed trial where a protest was lodged please advise the outcome of that protest.

<input type="text"/>
<input type="text"/>

9. Loss reduction/Salvage

Have you taken any other action to recover or reduce your loss? No Yes. If yes, give details.

<input type="text"/>
<input type="text"/>

10. Other Parties

Was another party injured or their property damaged in this incident? No Yes. If yes, please provide details.

Name
Address/ Email
Telephone Number

If this incident involves another boat or vehicle please provide:

Make	Model
Registration No	Colour
Name of Insurer	

Please advise the extent of damage or injuries sustained.

<input type="text"/>

Who do you consider responsible for this incident?

Why do you consider this person responsible?

11. Witnesses

Name

Postal Address

Email Address

No Yes. If yes, provide details.

13. Insured's History

12. Ownership and Other Insurance

Have you ever – had previous claims? No Yes
- been refused insurance? No Yes
- been charged/convicted of any offence? No Yes

Are you the sole owner of the lost or damaged property? No Yes. If no, provide details.

If you answered Yes to any of the above provide details.

Are you able to make a claim with another insurance company for any of the property you are claiming now?

14. Schedule

Please provide full details of your loss. If there is insufficient space below please show additional details on the back of this claim form.

Description of Property Lost/damaged/stolen	Year Purchased	Estimated Value	Cost of Repairs (if damaged)

To avoid delays in processing your claim, please attach all original repair invoices, receipts or replacement quotes to this form. Proof of ownership is required for stolen or lost items, i.e. original purchase invoices, receipts, valuations, etc.

15. Claims Procedure

What you need to do:

- Take every reasonable precaution to prevent further loss, damage, cost or liability;
- Notify the police as soon as possible if the incident involves injury, theft, attempted theft, malicious acts, or impact by a boat or vehicle;
- Notify us as soon as possible about the claim;
- Assist us to manage the claim. This may include us inspecting your boat, interviewing you, or you providing written statements to us under oath;
- Provide us with all reasonable proof that we require in respect of lost or damaged items claimable under this policy;
- Keep items that have been damaged and make them available for inspection or assessment of repair costs;
- Allow us to take possession of damaged property that is the subject of a claim.

16. Declaration

I/We will notify NICO Insurance immediately where this claim is for lost or stolen property and any of it is found and are hereby certifying that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld. I/ We understand that this claim may be refused if information is untrue, inaccurate or concealed and I/We acknowledge that I/We have read and agree to the terms of the Privacy Statement shown below.

Insured's signature

Date