



Level 3, Suite 6, 182 Bay Terrace
 Wynnum Q. 4178
 07 3370 2522
 Corporate Authorised Representative of Quay Marine Holdings Pty Ltd
 ABN: 82 010 671 851
 AFS Licence No: 238271 AR: 001265363

MARINA BERTH OWNER/OCCUPIER LIABILITY

INSURANCE CLAIM FORM

Who is Reporting the Claim	Insured	Broker
	Other :	
Insured Name		
Insureds Phone Number		
Insureds Email Address		
Policy Number		
Policy Inception Date:		Expiry Date
Insureds Address	Street:	
	Suburb:	
	State:	Postcode:
GST Information		
Is the Insured Registered for GST	Yes	No
Insured ABN		
Banking Details		
Account Name		
Account Number	BSB	



Level 3, Suite 6, 182 Bay Terrace

Wynnum Q. 4178

07 3370 2522

Corporate Authorised Representative of Quay Marine Holdings Pty Ltd

ABN: 82 010 671 851

AFS Licence No: 238271 AR: 001265363

Berth Details	
Berth Number/Identifier	
Name of Marina	
How is the Berth Used	
Is there a Lease Agreement in Place	Yes
	No
Who is Responsible for Maintenance of the Berth	
Was the incident reported to the marina, harbour authority, AMSA, police or any other authority?	
Claim Details	
Where did the loss happen	
When did the loss happen	
Details of Incident <i>Please provide as much detail as possible</i>	
Has there been any indication that a demand or claim will be made upon the Insured for the incident or accident?	Yes
	No
If yes, please provide details (include details of who is making the demand and attach all documentation that has been received.	



Level 3, Suite 6, 182 Bay Terrace

Wynnum Q. 4178

07 3370 2522

Corporate Authorised Representative of Quay Marine Holdings Pty Ltd

ABN: 82 010 671 851

AFS Licence No: 238271 AR: 001265363

Details of Third Party Property Damage (if applicable)

Owners Name	
Owners Address	
Owners Phone Number	
Description of Property	
Nature of Damage	
Estimated Costs of Damage	

Details of Third Party Injury (if applicable)

Name	
Nature of Injury	

Supporting Information & Documents

Supporting Information <i>(if applicable)</i>	Letter of Demand	Witness Statement
	Lease Agreement	Insured Statement
	Photos of Damage	Repairer Report
	Inspection Report	Repairer Quote

Please forward this completed form along with all supporting documentation to Quay Marine Insurance.

Claims Manager: Troy Luck

Email: troy@quaymarineinsurance.com.au

Phone: 0437 688 109



Level 3, Suite 6, 182 Bay Terrace
Wynnum Q. 4178
07 3370 2522
Corporate Authorised Representative of Quay Marine Holdings Pty Ltd
ABN: 82 010 671 851
AFS Licence No: 238271 AR: 001265363

BROKER CONTACT

Brokerage:	
Broker Name:	

Insured Name:	
Date:	
Signature:	