



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

COMMERCIAL HULL & 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
Registered Business Address	Street:	
	Suburb:	
	State:	Postcode:
GST Information		
Is the Insured Registered for GST	Yes	No
Insured ABN		
Banking Details		
Account Name		
Account Number	BSB	



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Claim Details

Is the Insured the owner of the items being claimed?	Yes	No
If no, please advise details of owner		
Where did the loss happen		
When did the loss happen		
If loss date is unknown, when was the vessel last inspected?		
Details of Incident <i>Please provide as much details as possible</i>		
Where are the items being claimed for now located?		

Description and value of items lost or damaged

	\$
	\$
	\$
	\$
	\$
	\$



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Supporting Information & Documents (if applicable)		
Proof of Vessel Operations	Master/Skippers Licence	Certificate of Survey
Proof of Ownership	Vessel Registration	Purchase Invoice
Proof of Damage/Loss	Photos of Damage	Repairer Report
	Inspection Report	Repairer Quote
	Police Report Number	AMSA Incident Report
<p>Please forward this completed form along with all supporting documentation to Quay Marine Insurance.</p> <p>Claims Manager: Troy Luck Email: troy@quaymarineinsurance.com.au Phone: 0437 688 109</p>		

BROKER CONTACT	
Brokerage:	
Broker Name:	

Insured Name:	
Date:	
Signature:	