

Commercial Hull Claim Form

Who is Reporting the claim	Incident Details
Name	Where did the loss happen
Insured Intermediary Other	When did the loss happen
Ongoing Contact	If the loss date is unknown, when was the vessel last inspected
As Above	
	What happened
Other Name	
Contact Phone	-
Email	
Insured Details	
Policy Number	
Insured Name	Where are the items being claimed for now located
Address	
Suburb/ Town	
State/ Territory	
GST Information	
Is the Insured Registered for GST	Description and value of items lost or damaged
Yes No	
What is the Insured's ABN	
Can the insured claim an ITC Yes No	
If yes, what percentage	
Banking Details	
If we determine that part or the insured's entire claim	
can be settled, indicate the preferred method of settlement:	What you will need to support your claim
Cheque via intermediary EFT to insured	Proof of Vessel Operations
If EFT, please advise preferred bank account details	(any of these documents will be regarded as proof of the vessel operations)
Account Name	Master's/ skipper's license Certificate of Survey
BSB	Proof of Damage or Loss
Account No.	(any of these documents will be regarded as proof of Damage or Loss)
Are you the owner of the items being claimed	Photos of Damage Repairer Report
Yes No	Damage Inspection Report Repair Quote
If No, please advise details of the owner	Proof of Ownership
	(any of these documents will be regarded as proof of Ownership)
	Vessel Registration
	Purchase Invoice