



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

MARINE INDUSTRY 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		
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.		
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		



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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
	Original Workorder	Insured Statement
	Photos of Damage	Repairer Report
	Inspection Report	Repairer Quote
	Police Report Number	Maintenance Records

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

BROKER CONTACT

Brokerage:

Broker Name:

Insured Name:

Date:

Signature: