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

RESIDENTIAL PONTOON/JETTY 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		

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Pontoon/Jetty Details		
Address of Pontoon/Jetty		
Is the pontoon/jetty located at the insured's residential property?	☐ Yes	☐ No
Is the pontoon/jetty used for private residential use only?	☐ Yes	☐ No
Is there a Lease Agreement in Place	☐ Yes	☐ No
Who is Responsible for Maintenance of the Pontoon/Jetty		
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 *Please provide as much detail as possible*		
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.		

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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 *(if applicable)*	☐ Letter of Demand	☐ Witness Statement
	☐ Maintenance Records	☐ 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

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BROKER CONTACT	
Brokerage:	
Broker Name:	

Insured Name:	
Date:	
Signature:	