

Commercial Hull

Claim Form

The supply or acceptance of this form is not an admission of liability on the part of GT Insurance.

Once completed this form and attachments can either be scanned and sent by email to marine@allianz.com.au or posted to the address shown below.

Insured's Details

Name of insured	<input type="text"/>		
Contact person	<input type="text"/>		
Telephone number	<input type="text"/>	Email	<input type="text"/>
Postal Address	<input type="text"/>		
Suburb	<input type="text"/>	State or Territory	<input type="text"/>
		Postcode	<input type="text"/>
Broker/Agent	<input type="text"/>		
Telephone number	<input type="text"/>		
Policy number	<input type="text"/>		
Vessel name	<input type="text"/>		
Type of vessel	<input type="text"/>		

Should a survey be required, our appointed surveyor will contact the person shown above, unless you advise an alternative contact.

GST

Are you registered for GST purposes?

Yes

No

ABN

Are you entitled to claim an input tax credit for repair or replacement of the items that have been lost or damaged?

Yes

No

Will you be claiming less than 100%?

Yes

No

If No, what percentage

%

Settlement Details

Where applicable GT Insurance will settle directly in your bank account once the liability for this claim is agreed.

Please provide your banking details

Bank

BSB

Account Name

Account Number

If you require settlement by cheque please tick here

Incident Details

Date the incident occurred

dd/mm/yyyy

Time the incident occurred

Place of incident

Description of the incident

Details of Damage to Insured Vessel

Where can Vessel be inspected?	<input type="text"/>		
Name of repairer	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State or Territory	<input type="text"/>
		Postcode	<input type="text"/>
Telephone number	<input type="text"/>	Estimate of repair costs \$	<input type="text"/>

Details of Damage to Any Third Party Property

Please provide details of loss or damage to any other vessels or third party property

Owner's name of other damaged vessel or property

Address	<input type="text"/>		
Suburb	<input type="text"/>	State or Territory	<input type="text"/>
		Postcode	<input type="text"/>
Estimate of repair costs \$	<input type="text"/>		

Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at gtins.com.au or contact us on (02) 9966 8820 EST 8.45am-5pm, Monday to Friday.

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the privacy information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then GT Insurance will be unable to process my/our claim.

Signature
of Insured

Date

dd/mm/yyyy

Position