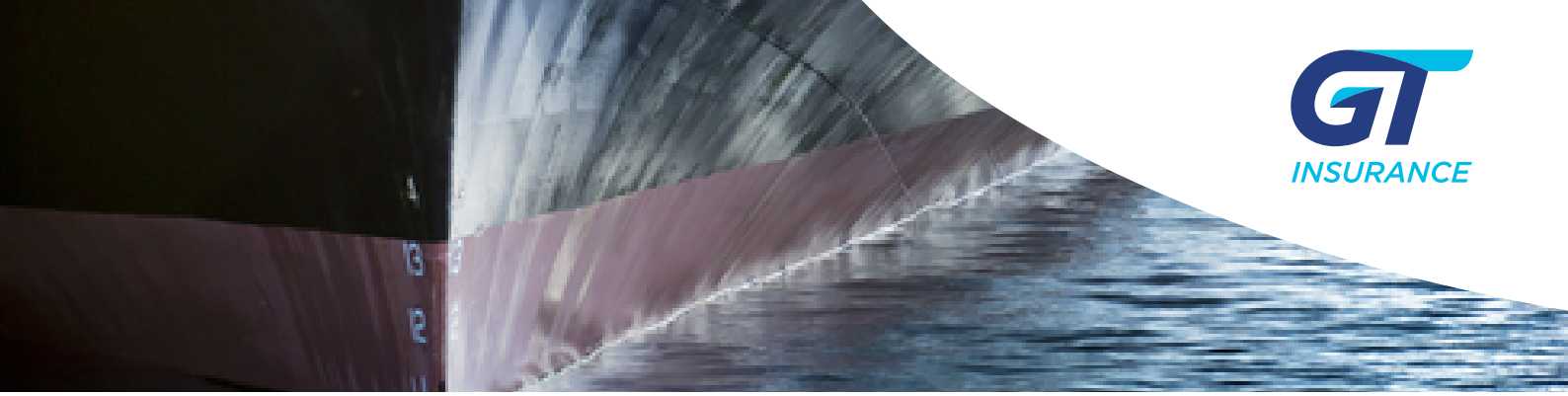

Commercial Hull

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@gtins.com.au or posted to the address shown below.

Insured's Details

Name of insured					
Contact person					
Telephone number		Email			
Postal Address					
Suburb		State or Territory		Postcode	
Broker/Agent					
Telephone number					
Policy number					
Vessel name					
Type of vessel					

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

PO Box 1937, North Sydney NSW 2059
Website: gtins.com.au
General Enquiries: (02) 9966 8820
Email: marine@gtins.com.au

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

PO Box 1937, North Sydney NSW 2059
Website: gtins.com.au
General Enquiries: (02) 9966 8820
Email: marine@gtins.com.au

Details of Damage to Insured Vessel

Where can Vessel be inspected?					
Name of repairer					
Address					
Suburb		State or Territory		Postcode	
Telephone number		Estimate of repair costs $			

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					
Suburb		State or Territory		Postcode	
Estimate of repair costs $					

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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

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