

- Please read this Claim Form prior to answering the questions. ALL questions must be answered as fully as possible.
- Please enclose all original details of demands or repair estimates and any other documents that are relevant to this incident. •
- If there is insufficient room on this form to provide all the information please attach additional documents with any further information you feel may assist in processing your claim.
- If you have any questions in relation to the completion of this Claim Form, please contact your insurance broker.
- Please send the competed Claim Form, as soon as possible to your insurance broker.
- Appointment of legal representation should not occur without the prior written consent of Proteus Marine Insurance.
- You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any

1) Insu	ured Details					
Insured na	ame	Poli	Policy number			
Address_						
Contact na	ame	Cor				
Contact e	mail	/				
_	sel Details – If more than one		his policy has bee	n involved, please supply		
	owing information for each add	/ / //				
Hull	Type	Make		Model		
	Year	Length		sail no		
Vlotor	Make			D (UD)		
	Serial No.1			Power(HP)		
	Serial No.2		Stern drive	Power(HP)		
	,,	board Outboard	Stern drive	Jet		
		ear mount Mid mount etrol Diesel	Coo			
:I			Gas	Law ada a		
Γrailer	MakeYe	earRegistration	on no	Lengthm		
2) The	oft Only					
•	ft Only					
	is the vessel stolen from?					
vas tnere	e evidence of forced entry? If so, plants	ease detail				
•	dent Details					
	I the accident happen?					
	ccident		am/p	<u>m</u>		
	in control of the vessel at the time_					
	Boat licence numb			Expiry		
	ourpose was the vessel being used					
speed of t	the vessel at the time of incident	kno	ts			
State clea	rly how the incident occurred					
Jiale Clea						
Diate clea						

Date and time reported	If Yes, please provide details (including details of who is making the demand upon you and attach all documentation that you have received if the demand or claim has been make in writing)							
If Yes, please provide details of who attended Police station	:pected?							
Date and time reported								
Date and time reported								
Date and time reported	Event number							
below details separately) Name Age Phone								
Age Address								
Address								
Owners name Address Phone Property Description of property Nature of damage Wassel Nature of damage to vessel Nature of damage to vessel Where can the vessel be inspected 7) Injury to Other Persons Name Address Contact number Nature of injury 8) Ownership and Other Insurance								
Owners name Address Phone Property Description of property Nature of damage Vessel Make of hull Registration number Name of vessel Third party's insurer Nature of damage to vessel Where can the vessel be inspected 7) Injury to Other Persons Name Address Contact number Nature of injury 8) Ownership and Other Insurance								
Address_Phone	used to a third party vessel or property please complete the below							
Phone								
Property Description of property								
Description of property								
Nature of damage Vessel Make of hull Registration number Name of vessel Third party's insurer Nature of damage to vessel Where can the vessel be inspected 7) Injury to Other Persons Name Address Contact number Nature of injury 8) Ownership and Other Insurance								
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Where can the vessel be inspected	Third party's insurer							
7) Injury to Other Persons Name_ Address_ Contact number_ Nature of injury_ 8) Ownership and Other Insurance								
7) Injury to Other Persons Name_ Address_ Contact number_ Nature of injury_ 8) Ownership and Other Insurance								
7) Injury to Other Persons Name_ Address_ Contact number_ Nature of injury_ 8) Ownership and Other Insurance								
Name	pected							
Name	rsons							
Address Contact number Nature of injury 8) Ownership and Other Insurance								
Nature of injury								
8) Ownership and Other Insurance								
8) Ownership and Other Insurance								
Are you the Sole Owner of the lost or damaged property? Yes No								
	he lost or damaged property? Yes No							
If 'No', please provide details	S							

9) Declaration

I/We solemnly and sincerely declare:

- a. That the information supplied on this Claim Form and Statement of Claim is true in every respect.
- b. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
- c. That there was no other insurance covering this loss current at the date of this incident.
- d. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Insured				
	Signature _			
	_			
	Date			

Privacy

Proteus has a privacy policy which sets out personal information they collect and how they collect, disclosure, store and use personal information as well as how to access it, correct it or make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at the following website or by requesting it from our authorised representatives or service providers.

www.proteusinsuance.com.au or contact the Privacy Officer for Proteus on 1300 767 231