

This form collects personal information about you so we can consider your claim and update your insurances. It will be held by Monument Insurance (NZ) Limited who handles your claim. It may also be held by Lumley, a business division of IAG New Zealand Limited P O Box 2426, Auckland 1140. You may request access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

The collection of this information by Monument Insurance (NZ) Limited is required under the terms of your insurance policy. Failure to provide this information may result in your claim being declined.

Personal Details

Insured (Full name) _____

Address _____

Occupation _____ Telephone no. (home) _____ (work) _____

Name of insured craft _____ Type of craft _____

The accident Date: _____ Time: _____ am/pm _____ Place: _____

Explain what happened. More space is available overleaf for you to continue and provide a sketch plan.

NOTE: IF THE CLAIM IS FOR THEFT, BURGLARY OR MALICIOUS DAMAGE, YOU MUST REPORT THE LOSS TO THE POLICE AND OBTAIN A POLICE COMPLAINT ACKNOWLEDGEMENT FORM. THAT FORM MUST BE GIVEN TO US.

State the conditions at the time of the accident

Visibility:	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Very poor
WIND (knots)	<input type="checkbox"/> 0-15	<input type="checkbox"/> 15-30	<input type="checkbox"/> 30-45	<input type="checkbox"/> Over 45
Water:	<input type="checkbox"/> Calm	<input type="checkbox"/> Moderate	<input type="checkbox"/> Rough	<input type="checkbox"/> Very rough
Tide:	<input type="checkbox"/> Neap	<input type="checkbox"/> Spring	<input type="checkbox"/> Ebb	<input type="checkbox"/> Flood
Speed at the time of the accident:	Knots/KPH _____			

For what purpose was the craft being used?

<input type="checkbox"/> Pleasure	<input type="checkbox"/> Racing	<input type="checkbox"/> Business	<input type="checkbox"/> Hire	<input type="checkbox"/> Moored
<input type="checkbox"/> Road Transit	Other (please specify): _____			

Was the accident caused by mooring failure?

Yes No If you answer "yes", please state: _____

Was the craft on its usual mooring? Yes No

When was the mooring last raised: Date: _____ By whom: _____

Is your claim for the theft of an unattended trailered craft?

Yes No If you answer "yes", please state: _____

Was an anti-theft device being used? Yes No If you answer "yes", please state: _____

The type of anti-theft device being used: _____

Does your craft require to be under survey?

Yes No If you answer "yes", please state: _____

Date of last survey: _____ Surveyed by: _____

Is your craft registered?

Yes No If you answer "yes", please state: _____

Registered no: _____ Registered with: _____

Name of person in command _____ Relationship to the insured (e.g. Brother, friend) _____

Had the helmsperson or driver of the towing vehicle consumed any intoxicating substance or drug within 12 hours of the accident?

YES NO

If you answer "yes" what substance and what quantity? _____

Over what period? _____

Give details of damage to your craft.

If necessary, continue overleaf or on a separate sheet.

Where can the craft be inspected? _____

What action, if any, has been taken to minimise the loss, damage or liability? _____

Has an estimate for the claim been obtained?

Yes No If you answer "yes" please state: _____

From whom: _____ Tel. No. _____ Amount \$ _____

Do you own all the damaged or lost property?

Yes No If you answer "no" please state: _____

Name of owner: _____ Their address: _____

