

BOAT CLAIM FORM

Private Bag 94412, Botany, Auckland 2163

P: 0800 664 678

E-MAIL: CLAIMS@YMINZ.CO.NZ

- Please ensure that all questions are answered in full in as much detail as possible
- We ask that you return this completed claim form with any further requested information

SECTION 1: GENERAL INFORMATION	IN							
Name of Insured	Company	Company Name:						
Address of Insured:		Postcode:						
Telephone:	Cell:	Cell:						
Policy number:	Email	Email Address:						
SECTION 2: BOAT DETAILS								
Year:	Make: (eg. Quintrex)							
Model:	Registration number:	HIN number:						
MOTOR DETAILS Year:	Make: (eg. Yamaha):							
Model and HP:	Engine/serial number:							
TRAILER DETAILS Year:	Make:							
Registration number:		VIN number:						
Was the boat being used with your know or what purpose was the boat being use	<u> </u>	accident?	Yes No					
Is the boat under finance?			Yes No					
If yes, name of financier:		Contract number:						
SECTION 3: PERSON IN CHARGE C	F BOAT							
Name of person operating boat:								
Address:								
		Postcode:						
Telephone private:	Business	5:						
Date of birth: / /	Relations	ship to the insured person:						
Did the skipper consume any alcohol an	d/or take any drugs in the 12 hours b	pefore the incident?	Yes No					
If yes, supply full details:								

SECTION 4: DETAILS OF INCIDENT							
Date of incident: / /	Time:	am/pm S	peed of boa	at:			
Where did the loss/incident occur?			Suburb/t	own:			
Has the incident been reported to the Po	lice? Yes 🗌 No		Date:	1	1	Time:	am/pm
Police station:			Police of	ficer:			
File/event number (attach a copy of repo	rt if available):						
Did you report the incident to any Maritin	ne Authority? Yes	No	Date:	1	1	Report nu	mber:
What were the weather conditions at the	time of the inciden	t?					
Visibility Good	Fair	Very poor	Oth	er			
Water Calm	Moderate	Rough	Oth	er			
Wind Under 15 knots] 15-29 knots [30-40 knots	Over	40 knot	is		
Did anyone admit responsibility for the a	ccident, verbally or	otherwise?				Yes [No
If yes, whom?							
SECTION 4: DETAILS OF INCIDENT	(cont'd)						
DIAGRAM OF THE ACCIDENT - Please vessels, location and nature of marine					and locat	ion of	w ∰ E
PLEASE	ATTACH DIAGF	RAM OF TH	E ACCIDI	ENT SI	EPARA ⁻	ΓELY	

SECTION 5: OTHER PARTIES						
Was another party injured or their property damaged in this inciden	t? Yes	No 🗌	If yes, complete below:			
Name:		Phone:				
Address:			Postcode:			
IF THIS INCIDENT INVOLVES ANOTHER VESSEL OR VEHICLE PLE	ASE PROVIDE:					
Model:	Make:					
Registration number:	Colour:					
Name of Insurer:	Policy or claim number:					
Please advise the extent of damage or injuries sustained:						
Who do you consider responsible for this incident?:						
SECTION 6: INDEPENDENT WITNESSES (please provide n	name and address)				
Name:		Phone:				
Address:			Postcode:			
Name:	Phone:					
Address:			Postcode:			
SECTION 7: PRIVACY STATEMENT						

HOW WE PROTECT YOUR PRIVACY

HDI Global Specialty SE - New Zealand and YMI are committed to meeting their obligations under the Privacy Act 2020 (the "Act") with respect to the Personal Information that they collect and hold about You or other individuals You provided information about.

HDI Global Specialty SE – New Zealand may collect and hold Your Personal Information directly or through YMI acting as its Agent. YMI may also collect and hold Your Personal Information on its own behalf for the purposes set out below.

More information about how We collect, use, hold and disclose your Personal Information can be found at:

- HDI Global Specialty SE New Zealand Data Privacy Statement: www.hdi-specialty.com/int/en/legals/privacy
- YMI Privacy Policy: Yamaha Motor Insurance New Zealand LTD. Privacy Policy | Yamaha Motor New Zealand (yamaha-motor.co.nz)

SECTION 8: DECLARATION

I/ We acknowledge Yamaha Motor Insurance Pty. Ltd. (YMI) and/or HDI Global Specialty SE - New Zealand (HDI) may give to, or obtain from, other insurers and/or Insurance/Financial Bureau, state Licensing, Parts or Service Providers, personal information in relation to this claim or my insurance in general.

I/We hereby declare that the information and answers given above are true in every detail and no information has been withheld or misrepresented

I/We undertake to render every assistance in My/Our power in dealing with this matter.

SECTION 8: DECLARATION (cont)

Name of Insured:

PLEASE ANSWER THE FOLLOWING FOUR QUESTIONS: Have you ever had any insurance refused or cancelled? No Yes If yes, please give details: In the last 5 years, have you had any boat/PWC claims or theft claims? No Yes If yes, please give details: In the last 5 years, have you been convicted of any offence? If yes, please give details: No Yes Is your boat/PWC used for business/commercial purposes? Yes If yes, please give details: No

Date:_____