

PERSONAL WATERCRAFT CLAIM FORM

Private Bag 94412, Botany, Auckland 2163

PHONE: 0800 664 678

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- 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 INFO	RMATION	
Name of Insured:	Policy number:	
Address of Insured:		
	Pos	stcode:
Telephone:	Cell:	
SECTION 2: WATERCRAFT	DETAILS	
Year:	Make: (eg. Yamaha):	
Model:	Registration number:	
HIN number:	Engine number:	
TRAILER DETAILS		
Year:	Make:	
Registration number:	VIN number:	
Has the PWC been modified from the manufacturers standard specifications?		Yes No
If yes provide full details:		
Was the PWC being used with y	your knowledge and consent at the time of the accident?	Yes No
	being used at the time of accident?	
Is the PWC under finance?	<u> </u>	Yes No
If yes, name of financier: Contract number:		
•		
SECTION 3: PERSON IN CH	ARGE OF PWC	
Name of person operating PWC		
Address:		
Date of Birth: /	Postc	ode:
Telephone private:	Business:	
-	hol and/or take any drugs in the 12 hours before the incident?	Yes No
If yes, supply full details:	-	

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SECTION 4: DETAILS OF INCIDENT				
Date of incident: / / Time: am/pm	Speed of PWC	:		
Where did the loss/incident occur?	Suburb/to	wn:		
Has the incident been reported to the Police? Yes No	Date:	1 1	Time:	am/pm
Police station:	Police offi	cer:		
File/event number (attach a copy of report if available):				
Did you report the incident to any Maritime Authority? Yes No Date	e: /	1	Report number:	
What were the weather conditions at the time of the incident?				
Visibility Good Fair Very poor	Other			
Water Calm Moderate Rough	Other			
Wind Under 15 knots 15-29 knots 30-40 knots	over 0	40 knots		
Did anyone admit responsibility for the accident, verbally or otherwise?			Yes	No 🗌
If yes, whom?				
Give a detailed description of how the loss/incident occurred:				

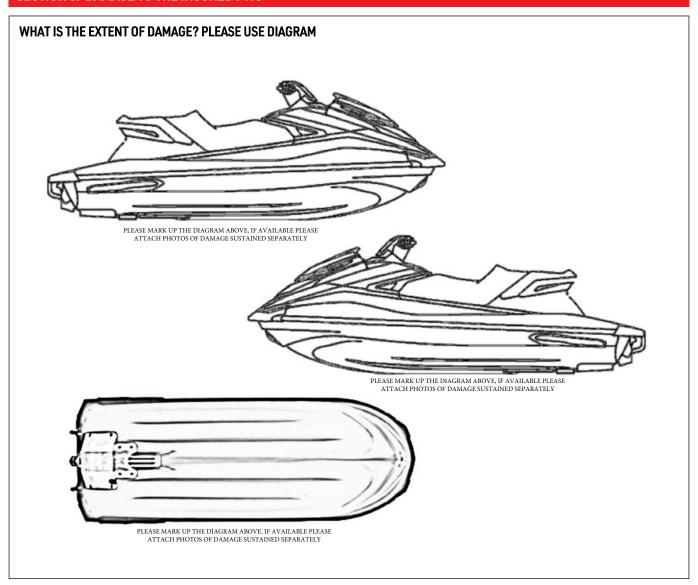
SECTION 4: DETAILS OF INCIDENT (cont'd)

DIAGRAM OF THE ACCIDENT – Please complete a diagram of the accident. Include direction and location of vessels, location and nature of marine markers, insured vessel A, other party's vessel B.



PLEASE ATTACH DIAGRAM OF THE ACCIDENT SEPARATELY

SECTION 5: DAMAGE TO THE INSURED PWC



SECTION 6: OTHER PARTIES		
Was another party injured or their property dame	aged in this incident? Yes 🗌 No 🗌	If yes, complete below:
Name:	Phone:	
Address:		
		Postcode:
IF THIS INCIDENT INVOLVED ANOTHER VESSEL	OR VEHICLE PLEASE PROVIDE:	
Model:		
Registration number:	Colour:	
Name of Insurer:	Policy or claim number:	
Please advise the extent of damage or injuries so	ustained::	
Who do you consider responsible for this incider	nt?	
OF CTION 7 INDEPENDENT WITH FOOD / I		
SECTION 7: INDEPENDENT WITNESSES (pl		
Name:	Phone:	
Address:		
		Postcode:
Name:	Phone:	
Address:		
		Postcode:

SECTION 8: 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 9: 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 9: DECLARATION (cont)

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/PW claims or theft claims?	No	Yes	If yes, please give details:
In the last 5 Nears, have you been convicted of any offence?	No	Yes	If yes, please give details:
Is your boat/PWC used for business/commercial purposes?	No	Yes	If yes, please give details:
Name of Insured:			Date: