

Jet ski/PWC (personal watercraft) claim form



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

All questions on this claim form must be answered if applicable.

Policy number

Expiry date

 / /

The insured

Surname

Given Name(s)

Insured's name

Are you registered for GST?

No Yes

What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?

No Yes

– Will you be claiming an amount less than 100%?

No Yes

– Specify amount claimed

 %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?

No Yes

– Will you be claiming an amount less than 100%?

No Yes

– Specify amount claimed

 %

Address

		State		Postcode	
Business	()	Private	()		
Facsimile	()	Mobile			
Email					

Contact number(s)

The vessel

	Make and Model number	Year built	Registration/serial number	Hull-length motor - HP	Construction	Date purchased			
Description of Jetski/PWC and trailer	Hull					/	/		
	Trailer					/	/		
Description of equipment						/	/		
						/	/		
						/	/		
						/	/		
Finance	Is the vessel financially encumbered?							No	Yes
	If 'Yes', please give name and address of finance company								
					State		Postcode		



Telephone: (02) 9525 9311
 Facsimile: (02) 9525 0820
 Toll free: 1800 778 792
 Email: pwc@sptinsurance.com.au

The loss/incident

Particulars of loss/incident

When did loss/incident occur?

Date			/			/			Time			am	pm	Speed of vessel	
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Where did the loss/incident occur?

For what purpose was vessel being used?

Were speed restrictions applicable in the area where the incident occurred? No Yes

Estimate of repairs (supply copy of quote or invoice).

When was the Jet Ski last seen?

Was the Jet Ski/PWC being used with the owners consent? No Yes

Who was in control of vessel at time of loss/incident?

Person		Age		Telephone	
Address				State	Postcode
Boat driver's licence	Licence no.	Please attach photocopy		Expiry date	/ /

State name and address of any independent witness to incident.

Person		Telephone	
Address			Postcode

How did loss/damage occur (include wind direction, tide, course of vessel(s), weather)? (Additional space on back page).

DIAGRAM OF CIRCUMSTANCES (Please include photographs if possible).

Please attach image to email upon submission

Was vessel in a race? No Yes – If 'Yes', details

Protest lodged (if applicable)? No Yes

Where can vessel be inspected?

		Telephone	
Address			Postcode

If property lost/stolen, has it been reported to police? No Yes

Police station		Date reported					
Police Officer		Time reported		am	pm	Report no.	

What steps were taken to minimise loss/damage?

Was an anti-theft device fitted at the time of theft? No Yes

If 'Yes', please provide details of the make together with proof of purchase.

Have you ever:

(a) had previous claims? No Yes – If 'Yes', details

(b) been refused insurance? No Yes – If 'Yes', details

(c) been charged/convicted of any offence? No Yes – If 'Yes', details

Particulars in relation to third parties (if applicable)

Damage to property

Owner of other vessel

Name		Telephone	
Address		State	Postcode

Details of other vessel

Make of hull		Registration no.	
Name of vessel		Name of insurance company	

Were you at fault? No Yes – Give details.

Describe damage to other vessel, motor etc.

Estimate cost of repairs \$

Where is the vessel now?

Injury to other people

Injured person(s)

Name			
Address		State	Postcode

Name			
Address		State	Postcode

Name			
Address		State	Postcode

Was the scene attended by the Police or other person(s) of authority? No Yes

Give details (including details of injury).

Name and address of any hospital/doctors etc. treating third parties.

Where were the third parties when the incident occurred?

Do you know the third party(ies)? No Yes – If 'Yes', how?

The Loss/Incident (Additional Space)

Do you want to provide additional information or make a statement to support your claim?

No Yes

Payment details

Would you like the funds deposited to your Australian bank account by electronic transfer?

No Yes

Bank name		BSB	
Account name		Account number	

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or email: complaints@qbe.com.

Declaration and authorisation

I/we solemnly declare that the information I/we have given is a true and accurate account of the event sustained by me/us, and that I/we have not concealed anything material which should be known by the Insurers.

Declarant's Signature (s)

Date / /

If you have a concern

Although we do everything possible to provide a quality service to you, our customer, we recognise that occasionally there may be some aspect of our service or decision we have made that you want to query or draw our attention to. Please let us know so that we can address your concern.

For Private Boat Insurance details of our Complaints and Dispute Resolution procedure are set out in your policy document.

A copy of the procedure is available upon request.

Please return the completed form to your financial services provider.