



## B Incident details

1. Date of loss

dd / mm / yyyy

2. Locality of loss

3. Circumstances of accident/loss

A signed statement from the master of the insured vessel will be required in all instances where such a person is not the Insured.

4. If relevant, please attach a sketch of the collision with another vessel

Enclosed

5. Details of damage to vessels/items lost

6. Estimated cost of repairs/replacement items

\$

7. Has the Maritime Safety Authority been informed?

If 'yes', please attach their response.

Yes

No

If theft, burglary or malicious damage, a Police Complaint Acknowledgement Form must be attached.

Enclosed

8. Where can the vessel be surveyed?

9. Have any salvage services been rendered?

If 'yes', please provide full details including name of salvor, services provided and circumstances incurring such assistance

10. **Intoxicating liquor and drugs** - please detail all liquor and drugs (prescribed or otherwise) taken by you or the person in charge of the vessel in the 12 hours prior to the accident

## C Damage to third parties

### 1. Provide full details of the incident

### 2. Do you consider yourself to be liable for damages/injuries sustained by the third party?

Yes  No

Please state your reasons

### 3. Name and address of third party

### 4. Has a claim been made against you?

Yes  No

If 'yes', for what amount?

\$

**Note: If a claim has been made against you by a third party you should merely acknowledge receipt. Do NOT admit liability or make any offer or promise of payment.**

## Declaration

I/We declare that:

- (a) the information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim;
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to and request the correction of the information;
- (c) QBE is authorised to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain from any other party information that is, in QBE's view, relevant to this claim.

Signed by Insured

Date

/  /

Printed name

Position

**SAVE AS** **PRINT**

