



Has the Maritime Safety Authority been notified? Yes  No

If **So**, please attach their response.

If theft, burglary or malicious damage a police complaint acknowledgement form must be attached.

Where may vessel be surveyed?

Salvage charges: (If any salvage services rendered, please give full details of such, including names of salvors and details of the services rendered and circumstances incurring such assistance).

**Intoxicating liquor and drugs**

Detail all intoxicating liquor and/or drugs (prescribed or otherwise) taken by you or the person in charge of the vessel in the 12 hours prior to the accident (if none state nil):

**Damages to third parties**

(a) Full details of the incident:

(b) Do you consider yourself to be liable for damages/injuries sustained by the third party, and state reasons: Yes  No

(c) Name and address of third party:

(d) Has a claim been made on you? Yes  No   
 If so, for what amount? \$

**Note: If a claim has been made on you by a third party, such should merely be acknowledged. Do not admit liability or make any offer or promise of payment.**

**Pursuant to the Privacy Act 1993**

- The following is brought to you attention:
- (a) This claim form collects personal information about you;
  - (b) The information is collected to evaluate your claim;
  - (c) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited;
  - (d) The information is being collected and held by Lumley General Insurance (N.Z) Limited, PO Box 2426, Auckland.
  - (e) The collection of this information is required pursuant to the terms of your insurance policy;
  - (f) The failure to provide this information may result in your claim being declined;
  - (g) You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

**Declaration**

Note: Failure to provide full and truthful information could result in the claim being declined.

I/We agree that should there be any dispute over payment of this claim, the company shall be entitled to submit the dispute to arbitration.

I/We declare the information given in this form to be correct.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to Lumley General Insurance (N.Z) Limited releasing to other parties personal information regard this claim

Insured(s) signature: \_\_\_\_\_ Title: \_\_\_\_\_

Insured(s) signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date:        /        /