

# Marine Liability Insurance

## Claim Form

The supply or acceptance of this form is not an admission of liability on the part of GT Insurance.

Once completed this form and attachments can either be scanned and sent by email to [marine@allianz.com.au](mailto:marine@allianz.com.au) or posted to the address shown below.

### Insured's Details

Name of insured	<input type="text"/>		
Contact person	<input type="text"/>		
Telephone number	<input type="text"/>	Email	<input type="text"/>
Postal Address	<input type="text"/>		
Suburb	<input type="text"/>	State or Territory	<input type="text"/>
		Postcode	<input type="text"/>
Policy number	<input type="text"/>		
Vessel name	<input type="text"/>		
Type of vessel	<input type="text"/>		

Should a survey be required, our appointed surveyor will contact the person shown above, unless you advise an alternative contact.

### GST

Are you registered for GST purposes? Yes  No

ABN

Are you entitled to claim an input tax credit for repair or replacement of the items that have been lost or damaged? Yes  No

Will you be claiming less than 100%? Yes  No  If No, what percentage  %

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## Incident Details

When did incident occur?

*dd/mm/yyyy*

Time

Place of incident

Description of the incident

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## Details of Third Party Vessel/Property

Vessel or Property owner's name

Address

Suburb

State or Territory

Postcode

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## Details of Damage to Insured Vessel/Property

Details of damage

Has a claim made against you by a Third Party?

Yes

No

If Yes, please give details

Please provide copy of the relevant correspondence

Where can the damage be inspected?

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Contact person	<input type="text"/>		
Telephone number	<input type="text"/>		
Address	<input type="text"/>		
Suburb	<input type="text"/>	State or Territory	<input type="text"/>
		Postcode	<input type="text"/>

Details of any Third Party personal injury

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## Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at [gtins.com.au](http://gtins.com.au) or contact us on (02) 9966 8820 EST 8.45am-5pm, Monday to Friday.

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## Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the privacy information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then GT Insurance will be unable to process my/our claim.

Signature of Insured	<input type="text"/>	Date	<input type="text"/>
			<i>dd/mm/yyyy</i>
Position	<input type="text"/>		