QBE Marine Hull Claim





A. Notes

- 1. It is most important that all questions are answered. If not applicable, write "n/a".
- 2. The issue of this claim form is not an admission of liability by QBE.
- 3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
- 4. Any amounts further marked as * are in the currency of the country in which the policy has been issued.
- 5 Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

MARKET	T BUSINESS NAME	
Fiji	QBE Insurance (Fiji) Limited	
Papua New Guinea	QBE Insurance (PNG) Limited	
Solomon Islands	QBE Insurance (International) Pty Limited	
Vanuatu	QBE Insurance (Vanuatu) Limited	

Note: For any other markets please contact the local QBE office.

Jurisdiction

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
- b) the policy/ies refer to the laws of a different country applying, in which case the laws of that country,
- and in relation to those matters, the parties submit to the exclusive jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English law as applicable within Vanuatu immediately before 30 July 1980 and shall be exclusively justiciable before the Supreme Court of Vanuatu.

B. Insured details												
Name of insured												
Address												
Private tel. no			Busines	s tel. no			Mobil	e tel. no				
Fax no			email									
Occupation												
C. Helmsman / 1	pilot de	tails (perso	on in cha	rge at the ti	me of the	e accident)						
1. Name												
2. Address												
3. Phone no				Fax no			er	nail				
4. Relationship to i	nsured (i	f applicable)								Age	
5. Boating licence r	10					How long has	licenc	e been h	eld			
a. Has licence ev	ver been	endorsed or	suspended	d, or the helms	man/pilot							
been convicted of any maritime offence? If "Yes", please give full details.												
6. Type of licence												

MARINE CARGO PAC 7/17

1. Da	cciden										
ı. Da	te	1	1	Time			Location				
2. W	eather co	onditions									
			vessel being	used at time o	f accident?						
	Hire		Business	Pleas		Rac	ing	Road transit		Passen	ger carrying
1 W	ac voccol	l licensed fo	or above?						Yes		No No
									163		140
5. Waterborne accidents:											
a. Speed of vessel at time of accident (power vessels only)											
b. Were skiers being towed and if so, how many?											
6. Explain fully how accident occurred (sketch may be attached)											
7.0-			£1(-1	d 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 - 1	! ! !			d		415	
			graphs of affec					damaged and how	extensive	e was tno	е аатаде - we
8. Pr	eventati	ve measur	es taken to avo	oid/reduce los	s or damag	е					
9. Es	timated	cost of rep	airs * (enclose	quotes if alrea	dy obtaine	d)					
10. V	Vhere car	n vessel he	inspected (da	mage only)							
		ii vessei be	mspected (dd	mage omy				Talambana			
	Contact							Telephone			
E. D	amage	to / by th	ird parties (_l	persons and	property)					
1. ln	your opir	nion was th	e accident you	ur helmsman/	pilot's fault	? If so,			Yes		No
_											
a.	Why?										
a. b.	·	ıy claims be	een made on ye	ou?							
	Have an	ny claims be	een made on ye	ou?							
b.	Have an	ny claims be		ou?							
b. Or if a.	Have an not, Who wa	ns to blame	?								
b. Or if a. b.	Have an not, Who wa	ns to blame	? Imit any liabilit	ty?	any offer pr	omise or r	navment made hv	the assured to clair	nants noi	r Jegal e	vnenses incurred
b. Or if a. b. NOT with	Have an not, Who wa Did sucl E: No lial out the w	ns to blame h person ac bility of any vritten con	? Imit any liabilit y sort shall be a sent of the cor	ty? admitted nor a	all be entitle	ed, if it so	lesires, to take ov	the assured to clair er and conduct in th		_	•
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3. If injuries to person(s), state:										
a.	a. Whether passenger in either vessel, swimmer, skier, etc.									
b.	Name, address, telephone no									
	Age	Nature of injuri	ies							
c.	Name of hos	pital and/or doc	tor							
d.	Remarks as	to condition								
G. V	Vitnesses d	etails								
1. Pa	ssengers in ir	ısured's vessel:								
a.	Name				Address					
	Phone no			Fax no			email			
b.	Name				Address					
	Phone no			Fax no			email			
2. W	ere passenge	rs fare paying?							Yes	No
3. In	depentent wi	tnesses:			1 [
a.	Name				Address					
	Phone no			Fax no			email			
b.	Name				Address					
	Phone no			Fax no			email			
H. F	Police repor	t								
1. W	as the accider	nt reported to th	e police?							
2. Di	d you sign a s	tatement for the	e police?							
3.0	fficer's name				Number			Stationed at		
4. A	ny police actio	on taken or to be	taken?						Yes	No
lf	"Yes", against	whom?								
w	hat action?									
I. Si	gnature and	d declaration								
I/we 1.	declare that: The informati	on and answers o	given above	are correc	t to the best of	my/our knowle	edge and b	pelief.		
 I/we understand the claim may be refused or reduced if information is withheld. 										
	3. I/we hauthorise QBE 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.									
Sign	ature of insur	red								
Date										
Dutt										

Fiji **QBE Insurance (Fiji)** Limited

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