

**BOAT INSURANCE BREAKDOWN AND KEYS & LOCKS**

Insurer: Swann Insurance (Aust) Pty Ltd ABN 80 000 886 680 AFS Licence No. 238292.

Policy No.

**YOUR PERSONAL INFORMATION (POLICY HOLDER)**

Title  Given name(s)  Surname

Address

Town/Suburb  State  Postcode

Home Phone  Business Phone  Mobile Phone

Email Address

Preferred Written Contact Method (Australia Post, Email)

**INSURED BOAT DETAILS**

Description of boat involved in the incident

Registration No.  Year of Manufacture  Make/Model/Series

Was a trailer involved in the incident?

No  Yes  Type  Make  Registration No.

Was a motor involved in the incident?

No  Yes  Type  Make  Registration No.

Do you owe money on the boat?

No  Yes  Lender's Name  Approximate Amount Owning  \$

Has the boat been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer?

No  Yes  Describe the modifications/accessories

Was there any unrepaired damage to the boat before the incident?

No  Yes  Describe the unrepaired damage

Is the boat currently registered?

No  Yes  Expiry date

What were you using the boat for at the time of the incident? (e.g. pleasure, racing, skiing, road transit, moored)

Was the boat being used for skiing or aquaplaning?

No

Yes

How many skiers were being towed?

Was there an observer on the boat?

No

Yes

### PERSON IN CHARGE OF THE BOAT

Who was in charge of the boat when the incident happened?

Relationship to Insured (e.g. son, daughter)

Address

Postcode

Home Phone

Business Phone

Mobile Phone

Did the person in charge of the boat have the knowledge and consent of the insured?

No

Yes

Current Licence No.

Date of Birth

### BREAKDOWN DETAILS

When did the mechanical failure or electronic failure happen?

Day

Date

Time

a.m.

p.m.

Where did the mechanical failure or electronic failure happen?

How did the mechanical failure or electronic failure happen?

Describe in detail the circumstances leading up to the mechanical failure or electronic failure and how it happened. It is important to be as accurate as you can.

Please attach supporting documentation in respect of any mechanical failure or electronic failure.

What are you claiming for?

Towing

No

Yes

Rental Vehicle

No

Yes

Number of days?

Accommodation

No

Yes

Number of days?

Please attach receipts.

## KEYS AND LOCKS DETAILS

Have the keys to your boat been:

Illegally Copied? No  Yes

Lost? No  Yes

Damaged? No  Yes

Stolen? No  Yes

Please provide details.


Please attach relevant quotes/invoices.

## DECLARATION

1. I/we declare that to the best of my/our knowledge and belief the particulars in this form are true and correct and I/we have not withheld any relevant information.
2. I/we undertake to give all assistance in dealing with this matter.
3. I/we authorise Swann Insurance (Aust) Pty Ltd (Swann) to procure any or all relevant information from a relevant regulatory or law enforcement authority.
4. I/we agree that a signed copy of this declaration/authority may be utilised as if it were the original.
5. I/we consent to Swann using my/our personal information I/we have provided on this form for the purpose of processing this claim. I/we understand that if I/we choose not to provide the required details, Swann may not be able to process this claim.
6. I/we consent to Swann disclosing my/our personal information to other insurers, an insurance reference service, the financier, its service providers and/or advisors, any third party with whom I/we have been dealing in respect of this insurance and who referred me/us to Swann, and any other party as permitted or required by law. I/we consent to Swann also disclosing my/our personal information to and/or collecting additional information about me/us from investigators or legal advisors.
7. I/we hereby authorise Swann to move the boat to any place of storage or repair and take any other action Swann considers necessary to implement repair or reinstatement of the boat.
8. I/we agree that, by submitting this form the personal information I/we provide to Swann in this form or otherwise may be collected, held, used and disclosed in a manner set out in the Swann Privacy Policy found at [www.swanninsurance.com.au/privacy](http://www.swanninsurance.com.au/privacy), including for processing this claim.

Signature of the insured or person with authority sign for and on behalf of a company or partnership

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Date

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Signature of the person in charge of the boat (if not the insured)

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Date

	/	/
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Please indicate the number of additional pages attached to this claim report:

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**When complete, please forward the report to:  
Email - [swann.boat.claims@swanninsurance.com.au](mailto:swann.boat.claims@swanninsurance.com.au)  
Post - Swann Insurance (Aust) Pty Ltd, Locked Bag 3275 Melbourne VIC 3001**