

# JET SKI INSURANCE CLAIM FORM

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the Company.

Please provide complete details to the questions asked on this form. If there is insufficient space for your answers please use the Additional Information section on the back of this form.

## 1. YOUR DETAILS

Policy Number Expiry Date  
/ /

Name of Insured

Postal Address

Postcode

Contact Name

Home Phone Number Work / Mobile Number

## 2. GOODS AND SERVICES TAX (GST)

Are you registered for GST? No Yes  
*If yes, provide your ABN number.*

What is your entitlement to an Input Tax Credit in respect of:

Your PWC insurance premium %

The property that is the subject of this claim %

## 3. YOUR PWC DETAILS

Make Model

Motor Serial No

Trailer brand Rego

## 4. TYPE OF CLAIM

Collision	Theft	Fire
Malicious Damage	Storm	Sinking
Transit Damage	Liability	
Other. Please specify.		

## 5. INCIDENT DETAILS

Date of Occurrence Time

Where did incident occur?

State

Please describe what happened.  
*(Further area for comments and diagram on last page.)*

What purpose was your PWC being used for?

If your PWC was being used for a race or a speed trial, was it a:

Club Event or a  Named Race. Please provide details.

What was the length of the race? Nautical miles

Speed of PWC at the time of incident.

What were the weather conditions at the time of the incident:

Visibility	Good	Fair	Very Poor
Water	Calm	Moderate	Rough
Wind	Under 15 knots	15-29 knots	
	30-40 knots	Over 40 knots	

**Kawasaki Motorcycle Insurance is administered by NM Insurance Pty Ltd**

ABN: 34 100 633 038 | AFSL: 227 186 | Ph: 1300 160 294 | Address: Level 7, 99 Walker St. North Sydney, NSW 2060  
www.kawasakiinsurances.com.au | www.nminsurace.com.au

**6. OWN DAMAGE AND LIABILITY CLAIMS**

Name of person operating the PWC

Address

State

Home Phone Number

Work / Mobile Number

PWC Licence Number

Expiry Date: / / Date of Birth: / /

PWC Experience Years

What is the relationship of this person to the insured?

Is it alleged that any person involved in this incident was under the influence of alcohol or a drug? No Yes. If yes, details.

**7. THEFT CLAIMS**

Where was the property being claimed for stolen from?

Was there evidence of forcible entry or removal? No Yes

How did they gain entry or remove the property being claimed?

**8. POLICE/AUTHORITIES – ALL INCIDENTS**Have you reported the incident to police? No Yes.  
Provide details.

Police Station:

Date reported: / / Time Reported

Police report number:  
(Attach copy)

If this incident involves a race or speed trial where a protest was lodged please advise the outcome of that protest.

**9. LOSS REDUCTION/SALVAGE**

Have you taken any other action to recover or reduce your loss?

No Yes. If yes, give details.

**10. OTHER PARTIES**

Was another party injured or their property damaged in this incident? No Yes. If yes, please provide details.

Name

Address

Postcode

Telephone Number

If this incident involves another PWC or vehicle please provide:

Make Model

Registration No

Colour

Name of Insurer

Please advise the extent of damage or injuries sustained.

Who do you consider responsible for this incident?

Why do you consider this person responsible?

**11. WITNESSES**

Name

Postal Address

Postcode

Home Phone Number

Work / Mobile Number

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## 12. OWNERSHIP AND OTHER INSURANCE

Are you the sole owner of the lost or damaged property?

No Yes. If no, give details.

Are you able to make a claim with another insurance company for any of the property you are claiming now?

No Yes. If yes, give details.

Name of Insurer

Policy Number

## 13. INSURED'S HISTORY

Have you ever

– had previous claims?	No	Yes
– been refused insurance?	No	Yes
– been charged/convicted of any offence?	No	Yes

If you answered Yes to any of the above provide details.

## 14. SCHEDULE

Please provide full details of your loss. If there is insufficient space below please show additional details on the back of this claim form.

Description of Property Lost/damaged/stolen	Year Purchased	Estimated Value	Cost of Repairs (if damaged)
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To avoid delays in processing your claim, please attach all original repair invoices, receipts or replacement quotes to this form.

Proof of ownership is required for stolen or lost items, i.e. original purchase invoices, receipts, valuations, etc.

## 15. CLAIMS PROCEDURE

What you need to do:

- Take every reasonable precaution to prevent further loss, damage, cost or liability;
- Notify the police as soon as possible if the incident involves injury, theft, attempted theft, malicious acts, or impact by a PWC or vehicle;
- Notify us as soon as possible about the claim;
- Assist us to manage the claim. This may include us inspecting your PWC, interviewing you, or you providing written statements to us under oath;
- Provide us with all reasonable proof that we require in respect of lost or damaged items claimable under this policy;
- Keep items that have been damaged and make them available for inspection or assessment of repair costs;
- Allow us to take possession of damaged property that is the subject of a claim.

You must not:

- Admit guilt, fault, or liability (except to the Police);
- Approve any repairs or arrange replacements (other than emergency repairs reasonably necessary to protect your PWC against further loss or damage);
- Dispose of any damaged property.

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## 16. DECLARATION

1. I/We will notify Nautilus Marine immediately where this claim is for lost or stolen property and any of it is found.
2. 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.
3. I/We authorise Nautilus Marine to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.

Insured/s Signature

Date / /

ADDITIONAL INFORMATION – Please use this area to provide any additional details in relation to this incident.

Details of incident

Diagram of incident

**Kawasaki**  
**Insurances**



**nm insurance**  
SECURING THE JOURNEY TOGETHER

NM Insurance Pty Ltd

ABN: 34 100 633 038 AFSL: 227 186 Ph: 02 8287 3790

Email: customerservice@nminsurance.com.au Address: Level 7, 99 Walker St. North Sydney, NSW 2060

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