QBE INSURANCE (AUSTRALIA) LIMITED
ABN 78 003 191 035

Condition & Valuation Survey Form – Boats

IMPORTANT:
This is an abridged form which generally replaces the need for a detailed Survey and Valuation report.
A detailed Survey and Valuation report may still be required.

Owner Information

Owner							
Address		State		Postcode			
Inspected at		Afloat ☐ Slipped ☐					
Vessel Name		Registration / Sail No.					
H.I.N. Number							
Construction Material		Age		Length		Designed Max Speed	

Boat Description

Hull		Make		Model		Type		
Motors	1	Make		Model		Inboard / Outboard		
		Age		Horsepower		Fuel Type		Serial No.
	2	Make		Model		Inboard / Outboard		
		Age		Horsepower		Fuel Type		Serial No.
		Motors professionally marinised? Yes ☐ No ☐						
		Inboard Motors:	Centre mounted Yes ☐ No ☐		Rear mounted Yes ☐ No ☐			
		Rear Mounted Motors – Engine Drive:	Jet Unit Yes ☐ No ☐		V-drive Yes ☐ No ☐			
Masts, Spars, Rigging & Sails		Mast & Boom material			Spreaders No.			
Mast Type		Masthead Yes ☐ No ☐	Fractional Yes ☐ No ☐		Age		Date of last service	/ /
Rigging		Rod Yes ☐ No ☐	Wire Yes ☐ No ☐		Age		Date of last service	/ /
Trailer		Make		Age		Registration No.		Single Axle ☐ Tandem Axle ☐

Equipment Accessories

Make	Type	Serial Number	Value
			$
			$
			$
			$
			$
			$
			$
			$
			$

General Comments

Vessel well maintained?	Yes ☐	No ☐	If "No", please provide details:
Visual damage to hull?	Yes ☐	No ☐	If "Yes", please provide details:
Water leaks?	Yes ☐	No ☐	If "Yes", please provide details:
Motor modified?	Yes ☐	No ☐	If "Yes", please provide details:
Fire extinguishers?	Yes ☐	No ☐	
Overall condition and details of any rectification work required:			

Valuation

Purchase Price	$	Date of Purchase	/ /	
Current Market Value	$			
Hull	$			
Motor	$			
Masts, Spars, Rigging	$			
Sails	$			
Equipment & Accessories	$			
Trailer	$			

Photograph

Please attach recent broadside photograph of the boat

Signed by _____ Date / /

Authorised Marine Surveyor/Licensed Boat Dealer
Registered Boat Builder/Licenced Shipwright

Company Name _____

(Stamp)