

Golf – Legal Liability Claim Form

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.
IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM.



ZURICH

CASE/CLAIM NUMBER

Important information about the completion of this claim form

We would like to settle your claim quickly. Therefore please complete all sections of this claim form and pay special attention to the following matters:

- Your Golf Club Secretary/Manager must sign this claim form as evidence of your membership of the club.
- If there is insufficient space on this form please attach extra material as necessary.
- Please do not hesitate to contact us (phone 132 687) should you have any queries or if you wish to discuss the claim.

Privacy

- We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose;
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives, and other consultants. By signing this Claim Form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose;
- In some cases, assessment and settlement of the claim is undertaken in conjunction with our insured. For example, we may act as an agent for our insured or the cost of claims may be shared between us and our Insured. In these cases, your personal and/or sensitive information will be shared between us and our insured (or their representatives) for the purpose of managing the claim;
- A list of the type of service providers, business partners and consultants we commonly use is available on request, or on our website - go to www.zurich.com.au and click on the Privacy link on our home page;
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim;
- We may also disclose personal information about you where we are required or permitted to do so by law;
- In most cases, on request, we will give you access to the personal information we hold about you;
- If you would like to find out more, you can contact us by telephone on 132 687, e-mail us at Privacy.Officer@zurich.com.au or write to "The Privacy Officer" at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059. Please provide details of your policy number/s and/or claim number where known.

Your details

Surname	Full given name	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Postal address		Postcode	
<input type="text"/>		<input type="text"/>	
Occupation	Private phone no.	Business phone no.	Mobile phone no.
<input type="text"/>	<input type="text"/> (<input type="text"/>)	<input type="text"/> (<input type="text"/>)	<input type="text"/>

Details of the policy

Name of your Golf club (If a club policy)	ABN
<input type="text"/>	<input type="text"/>
Policy number	Renewal date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Details of party or parties making the claim against you

Name	
<input type="text"/>	
Address	Postcode
<input type="text"/>	<input type="text"/>
Phone no. (home)	Phone no. (work)
<input type="text"/> (<input type="text"/>)	<input type="text"/> (<input type="text"/>)
Solicitor's name	
<input type="text"/>	

Details of the incident

Date of the incident

Time of the incident

/ /

Golf Course (name and address) where the incident happened

Postcode

Describe what happened in detail

Draw a sketch of the area where the event occurred showing the relative position of you and the other party/parties

Details of the incident (continued)

Were emergency services such as ambulance, police or fire brigade contacted?

Yes No

If Yes, please provide details and attach reports if available

Please provide details of the property and/or injuries suffered by the other party/parties

Additional information about the incident (please tick the appropriate box)

Did the injury/damage occur as a result of you hitting a golf ball?

Yes No

(If Yes, - Please answer the following questions)

Did you see the other party before you hit the ball?

Yes No

Did you observe the etiquette in Order of Play?

Yes No

Were you attempting to hit across another fairway, other than the one you were supposed to be playing on?

Yes No

Did you or any member of your group call a warning?

Yes No

Did the injury/damage arise out of the use of a motorised golf cart?

Yes No

(If Yes - Please answer the following questions)

Do you own the motorised golf cart which caused the injury/damage?

Yes No

Were you driving the motorised golf cart at the time of the incident?

Yes No

Did the incident occur on the precincts of a registered golf club?

Yes No

Have you admitted responsibility/liability for the incident?

Yes No

Details of Witnesses

Name of witness

Address of witness

Postcode

Phone no. (home)

Phone no. (work)

Relationship to your or other party (e.g. your employer, your friend, your wife, club employee, other person's friend/son etc)

Name of other witness

Address of other witness

Postcode

Phone no. (home)

Phone no. (work)

Relationship to your or other party (e.g. your employer, your friend, your wife, club employee, other person's friend/son etc)

Details of your home contents insurance

Name of the Company insuring your home contents

Your home contents policy number

Your Declaration

I declare the information I have provided is true and correct and I have not withheld any information that would affect my claim. Furthermore I understand that if the information I have provided is false or incorrect, my claim may be refused.

I authorise Zurich Australian Insurance Limited to get from or give any other insurance company, or insurance reference bureau any information relating to this claim or any other claim I may have made.

SIGNATURE

DATE

Golf Club Membership Verification (To be completed by Golf Club's Secretary/Manager, if this is a Club Policy)

I am the Secretary/Manager of the club named in this claim and I verify that the above named person was a member of this club

(Membership No.)
at the time of event which lead to this claim. Furthermore I believe this to be a genuine claim.

Your name

Position

SIGNATURE

DATE

Please return this claim form to:

Zurich Australian Insurance Limited

PO Box 232E

Melbourne VIC 3001