

Golf – Sporting Equipment Claim Form



ZURICH

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.

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:

- The equipment cannot be repaired or replaced without our prior written approval. If this approval is not obtained, we will pay no more than it would have cost us to repair or replace the sporting equipment, after allowing for GST and any discounts available to us.
- All claims for sporting equipment must be accompanied by a least 1 quote for the repair or replacement of the sporting equipment.
- You must provide proof of your ownership of the sporting equipment, its make, and its age. We will need this before we can process your claim.

This can be proven in a number of ways e.g. sales receipt (showing the date of purchase & describing the sporting equipment), bank or credit card statements, photos, or a Statutory Declaration from either the club secretary or president. The Statutory Declaration must list the sporting equipment (make & age) with the club secretary or president declaring that they either personally know, or after investigation they are convinced that you owned the sporting equipment.

- If the sporting equipment was stolen, willfully damaged or accidentally lost, you must provide us with details of the Police report you made. The report must have been made within 24 hours starting from the time you noticed the sporting equipment was stolen, damaged, or lost and the report must list and describe the missing or damaged sporting equipment
- 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.

Claimant details

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

Details of the policy

Name of your Golf club	ABN
<input type="text"/>	<input type="text"/>
Policy number	Renewal date
<input type="text"/>	<input type="text"/>

Details of the event

Date of the event

Time of the accident

Location (address) where the event happened

Postcode

Describe what happened in detail

Where were you at the time event?

Name of the person who caused the event

Address of person who caused the event

Postcode

Phone number of person who caused the event

Name of a witness

Address of witness

Postcode

Phone number of witness

Name of other witness

Address of other witness

Postcode

Phone number of other witness

Details of Police Report - (Please complete if your sporting equipment has been lost, stolen or willfully damaged)

Officers name Officer's Police number Name of Police station

Date report made / / Time report made Report number

Is Police report attached? Yes No Attach if your have one

Name of the person who made the report to the Police

Phone number of person who made the report to the Policy ()

Your previous claims history - please list all claims you have made in the past three years

Date	Insurance Company	Amount of Claim	Details of Claim
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

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

X

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

X

DATE

/ /

Please return this claim form to:

Zurich Australian Insurance Limited
PO Box 232E
Melbourne VIC 3001