

**ZURICH**[®]

Golf – Legal Liability

Claim form

The company does not admit liability by the issue of the form. It is issued to enable the insured to lodge a written statement of claim.

CASE/CLAIM NUMBER

General Insurance Code or Practice

Zurich Australian Insurance Ltd is a signatory to the General Insurance Code of Practice. For more information about the General Insurance Code of Practice please go to www.zurich.com.au and select About Zurich.

Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 24 Hours a Day, 7 days a week.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

1 Claimant details

Surname	Given name(s)	Date of birth	/	/
Postal address		State	Postcode	
Phone number – Private		Business		
Mobile		Fax		
Occupation				

2 Details of the policy

Name of your Golf club				
ABN	Policy number	Renewal date	/	/

3 Details of party or parties making the claim against you

Name				
Postal address		State	Postcode	
Phone number – Private		Business	Mobile	
Solicitor's name				

4 Details of the incident

Date of accident / / Time of incident am ☐ pm ☐

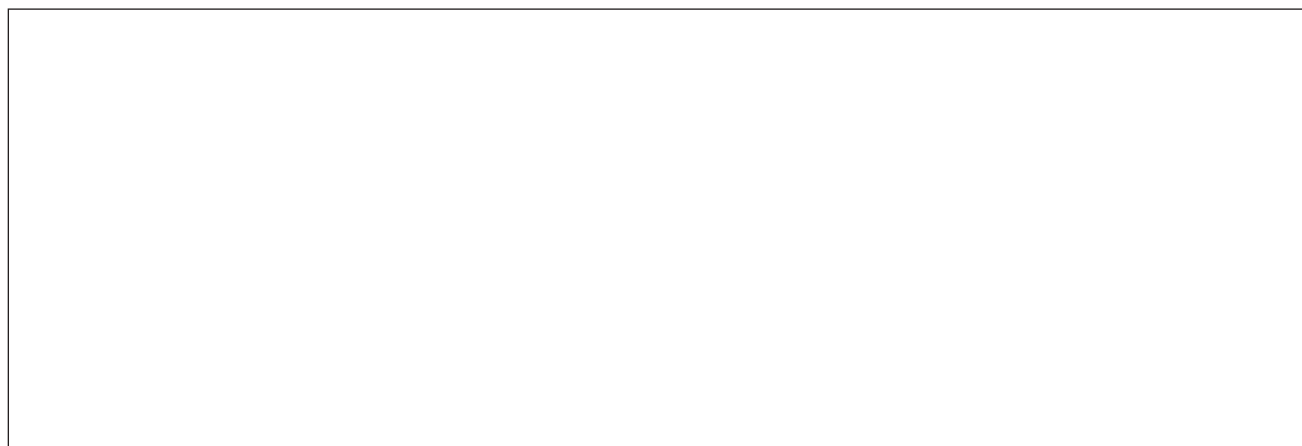
Golf course (name and address) where accident happened

Name

Postal address State 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



Where 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

5 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 ☐

6 Details of witnesses

Name of witness

Address

State

Postcode

Phone number – Private

Business

Mobile

Relationship to you 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

State

Postcode

Phone number – Private

Business

Mobile

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

7 Details of your home contents insurance

Name of the company insuring your home contents

Your home contents policy number

8 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.

6 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 number at the time of event which lead to this claim. Furthermore I believe this to be a genuine claim.

Your name

Position

Signed

Date

X

/ /

Please return this claim form to:

**Zurich Australian Insurance Limited
PO Box 232E
Melbourne VIC 3001**