URICI

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

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

Details of the policy					
Name of your Golf club					
ABN	Policy number	Renewal date	/	/	

Details of party or parties ma	king the claim against you		
Name			
Postal address		State	Postcode
Phone number – Private	Business	Mobile	

Date of accident	/ /	Time of incident	am Opm O	
Golf course (name and	address) where acciden	t happened		
lame				
Postal address			State	Postcode
Describe what happene	nd in detail			
rescribe what happene	ed III detail			
raw a sketch of the a	rea where the event occ	curred showing the relative positio	n of you and the other party/par	ties
	details and attach repor	D II dvalidate		
ease provide details o	f the property and/or in	juries suffered by the other party/	parties	
		incident (please tick (✔)	the appropriate box	
	e occur as a result of r the following quest	you hitting a golf ball? ions		Yes No
-	party before you hit the			Yes No (
	quette in Order of Play?			Yes No (
		way, other than the one you were	supposed to be playing an?	Yes No (
			supposed to be playing on?	
	r of your group call a w	_		Yes No (
	e arise out of the use r the following quest	e of a motorised golf cart? ions		Yes No
o you own the motor	ised golf cart which cau	sed the injury/damage?		Yes No (
Vere you driving the m	notorised golf cart at the	e time of the incident?		Yes No (
oid the incident occur	on the precincts of a reg	gistered golf club?		Yes No (
lave you admitted rest	onsibility/liability for the	a incident?		Yes No (

Name of witness			
Address		State	Postcode
Phone number – Private	Business	Mobile	
Relationship to you or other party (e.g. y	our employer, your friend, your wife, club	employee, other person's frien	nd/son etc.)
Relationship to you or other party (e.g. y	our employer, your friend, your wife, club	employee, other person's frien	
	our employer, your friend, your wife, club		nd/son etc.)
Name of other witness			nd/son etc.)
Name of other witness Address of other witness		State	nd/son etc.) Postcode

7 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. Futhermore 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.

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

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

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

Your name

Position

Signed Date

X

Please return this claim form to: **Zurich Australian Insurance Limited** PO Box 232E Melbourne VIC 3001