



Australian  
Golf Insurance



**ZURICH**<sup>®</sup>

# 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](http://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](http://www.zurich.com.au), contact us by telephone on 132 687 or email us at [Privacy.Officer@zurich.com.au](mailto: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

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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

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

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**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**