

Golf Personal Liability Claim Form

(PLEASE USE BLOCK LETTERS)

PART 1 – COMPLETE FOR ALL CLAIMS

(a) Name of Member _____

(b) Name of Club _____

Golf Link Number _____ (Please see your Club for further details)

(c) Postal Address _____

Postcode _____

Telephone Number _____ Email _____

(d) Location at which loss, damage or accident occurred (e.g. address) _____

(e) Date of loss, damage or accident occurred _____ Time _____ am

(f) What was the nature of the incident? _____ pm

(g) Please provide a full description of incident? _____

What steps were taken to prevent or reduce further injury? _____

PART 2 – PERSONAL LIABILITY

(a) Give full particulars of any personal injury to any person or damage to property.

(b) Give details of person who suffered injury or property damage.

Name

Address

Suburb

Post Code

Phone

(W)

(M)

Email

(c) If, in your opinion, anyone was to blame for the accident, state name and address and give reasons for your opinion

(d) Give details of any witnesses.

Name

Address

Suburb

Post Code

Phone

(W)

(M)

Email

(e) Has any claim been made upon you verbally or otherwise?

Yes

No

If yes, give particulars and forward any correspondence to Sportscover

(f) Did you or any other person admit liability?

Yes

No

If yes, give details

(g) Has any enquiry been held by the Police, relative to the incident?


Yes

No

If yes, state when and where

GENERAL COMMENTS (Please provide additional information if required).

DIAGRAM PROVIDING DETAILS OF THE INCIDENT:



PART 3 – DECLARATION

I/We declare that the above particulars are a true account of the loss, damage or injury sustained by me and that the claim shown above does not include any profit or advantage of any kind. I/We further declare that all the conditions and warranties of the policy have been faithfully complied with and that no party insured has wilfully caused the said loss, damage or injury or sought unjustly to benefit thereby.

I/We acknowledge that any personal information that I/we have provided and/or will provide to Sportscover Australia Pty Ltd (SCA) (ACN 006 637 903) is necessary for and will be used in the processing, assessing, investigation and/or review of this claim. I/we hereby authorise SCA and/or its representatives and consent to SCA and/or its representatives and/or consent to SCA or its authorised agent to disclose my/our personal information to or receive it from an investigator, assessor, surveyor, accountant, employer, past or present, supplier, health service provider, appointed/authorised broker, account broker and/or broker of the entity/body corporate/organisation insured (Insured), State or Federal Authority, lawyer, another insurer or reinsurer (local or overseas), reinsurance broker, witness or another party to the claim. I/we will be provided with the opportunity to access my/our personal information (some restrictions and costs may apply). In respect of any complaint I/we may have regarding my/our personal information, I/we can contact the SCA Privacy Officer.

I/We agree that a photocopy/ scanned copy of this authorisation shall be considered as effective and valid as the original.

I/We do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail.

WARNING: Persons found to have lodged a fraudulent claim are liable for prosecution.

Signature of Member Date

Signature of Witness Date

Signed on behalf of Club:

I declare that was a registered playing member of the Golf Club at the time of the incident.
(insert name of claimant)

Signature of Authorised Office Bearer

Name Position Date

NB: REPAIRS SHOULD NOT BE COMMENCED WITHOUT SPORTSCOVER APPROVAL

The issue and acceptance of this form does not constitute an admission of liability on the part of SPORTSCOVER