



Australian  
Golf Insurance



ZURICH®

# Golf – Sporting Equipment

## 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

### Important information

**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.
- In the event of a Claim, Zurich Australian Insurance Ltd will:
- Within 10 business days of receipt of your claim, notify your broker (or you) of our decision as to whether the claim has been accepted or not or, advise you if we require additional information and/or notify you within 5 days if we have appointed a loss adjuster/loss assessor.
- For claims where additional information is required, we will make a decision within 20 business days, dependant upon the time required for you (or other independent parties) to respond to a request for additional information.
- In some cases, due to unusual circumstances or the complexity of a claim, these timeframes may not be practical and we will agree an alternate timeframe with your broker or you to make a decision on your claim. If we cannot reach an agreement, you are able to access our complaints handling procedures.

### General Insurance Code of 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 the event

Date of the event / / \_\_\_\_\_ Time of incident am  pm   
Location (address) where the event happened \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Describe what happened in detail  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Where were you at the time of the event?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Name of the person who caused the event \_\_\_\_\_  
Address of person who caused the event \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number of person who caused the event \_\_\_\_\_  
Name of witness \_\_\_\_\_  
Address of witness \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number of witness \_\_\_\_\_  
Name of other witness \_\_\_\_\_  
Address of other witness \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone number of the witness \_\_\_\_\_

### 4 Details of Police Report

**Please complete if your sporting equipment has been lost, stolen or wilfully damaged**

Officers name \_\_\_\_\_  
Officer's Police number \_\_\_\_\_ Name of Police station \_\_\_\_\_  
Date report made / / \_\_\_\_\_ Time report made am  pm  Report number \_\_\_\_\_  
Is Police report attached? Yes  No  Attach if you have one \_\_\_\_\_  
Name of the person who made the report to the Police \_\_\_\_\_  
Phone number of person who made the report to the Police \_\_\_\_\_

**5 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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**6 Details of Police Report – Please list all claims you have made in the past three years**

Name of the Company insuring your home contents  
.....  
Your home contents policy number  
.....



**7 EFT payment details** (please complete this section if you require payment directly into your account)

Account name	Account number		
Bank name	BSB Number		
Bank address	State	Postcode	
<b>Overseas payment:</b> ABA Code	Sort Code		

**8 Declaration**

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.

Name of person submitting this claim as or on behalf of the insured (Please print).

Date / /

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**9 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**