

Golf Equipment & Personal Liability

Sportscover Australia Pty Ltd

A.C.N. 006 637 903
A.B.N. 43 006 637 903
AFS Licence No. 230914

Claim Form

PLEASE USE BLOCK LETTERS

PART 1 – COMPLETE FOR ALL CLAIMS

- (a) Name of Member _____
- (b) Name of Club _____
Golf Access Membership 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) For what purpose are the premises at the location occupied? _____
- (f) Date of loss, damage or accident occurred _____ Time _____ am / pm
- (g) What was the nature of the loss, damage or accident? (*e.g. stolen clubs*) _____
- (h) How was it caused? (*e.g. burglary*) _____
What steps were taken to prevent or reduce further loss, damage or injury? _____
- (i) Has any person, other than yourself, an interest in the property (*i.e. under hire purchase*) **Yes** **No**
If yes, give details _____
- (j) Have you any other insurance covering the property or liability? **Yes** **No**
If yes, state the company and amount _____
- (k) Was immediate notice given to Sportscover of the loss **Yes** **No**
If yes, to whom and when _____
- (l) Have you paid for any repairs or replacement? **Yes** **No**

SPORTSCOVER™

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PART 2 – EQUIPMENT LOST, STOLEN OR DAMAGED

*Please note: with a claim for burglary, theft or malicious damage, it is your responsibility to have notified the police immediately.

- (a) Which police station/s were notified of the occurrence and are they investigating the matter? _____

- (b) Police Crime Report Number _____
- (c) Do either you or the police suspect any person or persons? **Yes** **No**
If yes, whom _____
- (d) By whom was the loss reported or discovered and under what circumstances? _____

- (e) Were the premises forcibly entered **Yes** **No**
- (f) What evidence was found to indicate that forcible entry was made? _____

- (g) Were the premises attended at the time of entry? **Yes** **No**
- (h) If the premises were unattended, state period left unattended and also whether all doors, windows and other openings were securely fastened _____

- (i) If the premises were damaged during the Burglary, describe such damage _____

Full description of articles stolen or damaged, including year of manufacture, make and model where applicable	Serial No.	From whom obtained (name & address) or details of damage	Date purchased or acquired	Price paid or Value of Item Damaged \$ c	Less deduction age, use or wear and tear	Amount Claimed

IF MORE SPACE IS REQUIRED PLEASE ADD ADDITIONAL PAGE

NB. (i) REPAIRS / REPLACEMENT SHOULD NOT BE COMMENCED WITHOUT SPORTSCOVER APPROVAL
(ii) DOCUMENTS MAY BE REQUIRED TO SUPPORT YOUR LOSS



PART 3 – 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 _____

PART 4 – 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 willfully 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