

Claim no.

New Zealand Golf (INC) Claim form

Golf Club Public Liability Assistance

When completed and countersigned, forward to:

The NZ Golf Claims Officer, Howden Commercial and Affinity

HAPX.Claims@howdengroup.com

Public Liability Claim Form

Club details

Name of club

Postal address

Bank account (for claims to be paid into)

Date of loss/damage etc.

Hole #

Name of Third Party (i.e. owner of Property Damaged):

Details of property damaged (i.e. house, car or other)

Has the third party advised the insurer of the damaged property?

Yes

No

Name of Insurer

Branch

Location of property damaged at the time of the Loss/Damage

If the property damaged is a motor vehicle was it parked in the Golf Club carpark?

Yes

No

If so does the Club display a sign advising that all vehicles are parked at owner's risk?

Yes

No

Details of how the damage occurred

Has the third party held the club liable?

Yes

No

If 'Yes' why and on what grounds?

NB: Repair invoice and photos of the damage must accompany this claim form. Where the repair cost is likely to exceed \$1000 Howden Commercial and Affinity must be advised immediately the loss occurs, as it may require engaging of a Loss Adjuster or surveyor.

Declaration and Privacy Consent

It is necessary that every care should be taken in completing this claim form and the information given herein should be accurate. You should not make any payment, offer or promise of payment or admit liability in anyway, as by doing so you may prejudice your position and forfeit the benefits afforded in the terms of your policy.

I acknowledge that any personal information that I 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 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 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 will be provided with the opportunity to access my personal information (some restrictions and costs may apply). In respect of any complaint I may have regarding my personal information, I can contact the SCA Compliance Officer.

I agree that a photocopy/ scanned copy of this authorisation shall be considered as effective and valid as the original. I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail.

Signature

Date

Print Name

Position

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

Note: all questions must be answered this form must reach the offices of Howden Commercial and Affinity no later than one (1) month following the incident.

Signature Secretary/Manager

Date