

NEW ZEALAND GOLF (INC)

Claim No: _____

Claim Form for Golf Club Public Liability Assistance

When completed and countersigned, forward to:

The NZ Golf Claims Officer, Aon New Zealand, PO Box 2845, Wellington 6140 or nz.golfclaims@aon.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 _____

NAME OF THIRD PARTY

(i.e. owner of Property Damaged) _____

Details of Property Damaged _____
(i.e. house, car or other)

If the damaged property is a motor vehicle the claim in the first instance must be made to the Insurers of the vehicle.

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

DETAILS OF HOW THE DAMAGE OCCURRED

HAS THE THIRD PART HELD THE CLUB LIABLE? Yes / No

If 'Yes' why and on what grounds? _____

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

SIGNATURES Secretary/Manager

Date

Club Stamp

**NOTE: ALL QUESTIONS MUST BE ANSWERED
THIS FORM MUST REACH THE OFFICES OF NZ GOLF NO LATER THAN THREE MONTHS FOLLOWING THE INCIDENT**