

# 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](mailto: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**