HDI Global SE, Australia
Level 12, Exchange House
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LIABILITY CLAIM FORM

A. INSURED DETAILS

Name of Insured	
Address	
	Postcode
Private telephone number	**Work telephone number**

B. THIRD PARTY DETAILS

Name of Third Party	
Address	
	Postcode
Private telephone number	**Work telephone number**

C. INCIDENT DETAILS

Date of Incident	**time**	**am/pm**
Date reported to you	**time**	**am/pm**
Location		
Golf Club / Course location		
Golf hole and exact position (e.g. 9th hole – tee area, fairway, green, bunker or pathway)		

Describe how the accident/incident occurred

If you have admitted responsibility in any way, please provide details

Name, address and contact telephone numbers of the person making the claim against you

How was the matter reported to you: **In person/ by telephone/ by letter/ by email**

Description of property damaged

Nature and extent of damage

If claim for Personal Injuries please describe nature and extent of the injuries

D. GOODS AND SERVICES TAX

To ensure that you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST?	**Yes/ No**	**What is your ABN?**	
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	**Yes/ No**		
Will you be claiming an amount less than 100%	**Yes/ No**	**Specify amount claimed**	**%**
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	**Yes/ No**	**Specify amount claimed**	**%**

E. DECLARATION

I/We declare that:

1. **I/We the Insured do solemnly and sincerely declare that I/we have complied with the terms and conditions of the Policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or willful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.**

2. **I/We understand the claim may be refused or reduced if information is withheld.**

3. **I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.**

Signature of Insured	**Date**