

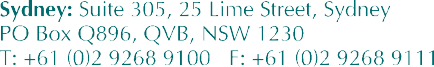
**PLEASE USE BLOCK LETTERS | ALL SECTIONS MUST BE COMPLETED**

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| **SECTION 1 – POLICY HOLDER INFORMATION** |
| Name of Insured Address State Post Code Telephone (AH) Telephone (BH) Facsimile Email  Policy Number  Policy Period From / / To / /  Does the Insured have an ABN? **Yes No**  If **Yes** what is the Insured’s ABN?  Is the Insured registered for GST? **Yes No**  If applicable, please provide the Insured’s ITC percentage |
| **Additional Policy Holder Information – (if different from above)** |
| Contact Name Address  Post code Telephone (AH) Telephone (BH) Facsimile Email  Position Held |

|  |  |  |  |
| --- | --- | --- | --- |
| Did the accident occur at an event authorized by the Insured? | | **Yes** | **No** |
| If **Yes**, please answer the following | | | |
| Name of Event |  |  |  |
| Date of Event | / / |  |  |
| Was an Insured participant involved in the accident? | | **Yes** | **No** |
| If **Yes**, please answer the following | | | |
| Name |  |  |  |
| Address |  |  |  |
| Suburb | State | Post Code | |

1 of 6 pages



**SECTION 2 – ACCIDENT/INCIDENT DETAILS**

# SECTION 2 – ACCIDENT/INCIDENT DETAILS - Continued

Date the incident was reported to you By Whom Email Full details and circumstances of the Accident/Incident.

(Please provide a diagram on the attached additional comments page to supplement this information.)

Was liability admitted? **Yes No**

If **Yes**, please provide details

Has any enquiry been held by Police, relative to the accident? **Yes No**

If **Yes**, please provide details

Is there any other insurance in place that may respond to this loss? **Yes No**

If yes, please provide details

**SECTION 3 – THIRD PARTY DETAILS**

|  |  |  |
| --- | --- | --- |
| Name |  |  |
| Address |  |  |
|  |  | Post code |
| Telephone (AH) |  | Telephone (BH) |
| Facsimile |  | Email |
| Date of Birth | / / | Occupation |

**SECTION 5 – WITNESS STATEMENTS**

**Please provide names and addresses of all witnesses to the accident**

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| **SECTION 4 – DETAILS OF INJURY, LOSS OR DAMAGE** |
| Extent of 3rd party bodily injuries |
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| Details of 3rd party property damage sustained |
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| Please attach any estimates for repair that have been provided by the 3 rd party |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Name |  |  |  |
|  | Address |  |  |  |
|  | Suburb |  | State | Postcode |
|  | Telephone | AH | BH |  |
|  | Email |  | Mobile |  |
| 2. | Name |  |  |  |
|  | Address |  |  |  |
|  | Suburb |  | State | Postcode |
|  | Telephone | AH | BH |  |
|  | Email |  | Mobile |  |
| 3. | Name |  |  |  |
|  | Address |  |  |  |
|  | Suburb |  | State | Postcode |
|  | Telephone | AH | BH |  |
|  | Email |  | Mobile |  |

# ADDITIONAL INFORMATION

**MAP OF INFORMATION**

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| --- | --- | --- | --- |
| **SECTION 6 - DECLARATION**  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 Privacy 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 |  | | |
| **Witness** | Signature | Date | / / |
|  |  |  |  |
| Print Name |  |  |  |
| Position |  |  |  |

**THE ISSUE AND ACCEPTANCE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY ON THE PART OF SPORTSCOVER**

