

**SPORTSCOVER**  
QUALITY INSURANCE AT A SPORTING PRICE

A.C.N. 006 637 903 AFS Licence No. 230914



<b>OFFICE USE ONLY</b>	
Claim No.	<input type="text"/>
Policy No.	<input type="text"/>

# SPORTSPACK CLAIM FORM

PLEASE USE BLOCK LETTERS

## PART 1 - COMPLETE FOR ALL CLAIMS

- (a) INSURED Surname .....
- Christian/Given Names(s) \* .....
- \* If a Company, Partnership etc. state the full Registered Name or Trading Name*
- (b) POSTAL ADDRESS
- Mailing Name: Mr / Mrs / Ms / Miss .....
- Mailing Address .....
- ..... Postcode .....
- Telephone Number ..... Fax Number .....
- (c) LEASED/RENTED PREMISES
- In accordance with the Lease/Rental Agreement, is the landlord required to pay for the repairs or replacement?                      Yes                          No
- (d) Location at which loss, damage or accident occurred (e.g. Address) .....
- .....
- (e) For what purposes are the premises at the location occupied? .....
- .....
- (f) Date of loss, damage or accident occurred ..... Time ..... a.m. / p.m.
- (g) What was the nature of the loss, damage or accident? (e.g. *Damage to roof tiles*) .....
- .....
- (h) How was it caused? (e.g. *Storm*) .....
- What steps were taken to prevent or reduce further loss, damage or injury? .....
- .....
- (i) Has any person other than yourself an interest in the property?    Yes                          No
- If "yes", give details* .....
- (j) Have you any other insurance covering the property or liability?    Yes                          No
- If "yes", state the company and amount* .....
- (k) Was immediate notice given to Sportscover of the loss?                      Yes                          No
- If "yes" to whom and when* .....
- (l) Have you or anyone comprising the Insured either alone or with others ever previously suffered a loss and/or claimed for a similar event?                      Yes                          No
- (m) Has Invoice or Account been paid?                      Yes                          No





## PART 6 - MACHINERY BREAKDOWN - ELECTRONIC EQUIPMENT

- (a) Is the damaged item the original in the machine? Yes  No
- (b) If "no", when was the damaged item installed? .....
- (c) Has the warranty expired? Yes  No
- (d) If still under warranty have you claimed against it? Yes  No
- (e) Location of damaged item for inspection .....
- (f) From whom was the unit purchased? .....
- (g) Was it new or second hand? ..... Age of the unit? .....
- (h) **REPAIRS**  
Have repairs commenced? Yes  No   
Name of repairer .....
- Address .....
- What is your/repairer's estimate of the cost of repairs? \$.....
- (i) Describe machine it forms part of (e.g. Cold Room) .....
- .....
- (j) If cover exists for spoilage of refrigerated food, are you making a claim? Yes  No
- If "yes", please give details of damaged goods over page.***

## PART 7 - TRANSIT

- (a) Have you any other transit insurance covering the property? Yes  No
- (b) If "yes", state company ..... and the insured amount .....
- (c) Name of Carrier .....
- Postal Address .....
- Telephone Number Home ..... Mobile .....
- (d) Location of damaged item/s for inspection .....
- .....
- (e) **REPAIRS**  
Have repairs commenced? Yes  No   
Name of repairer .....
- Address .....
- Has this invoice been paid? Yes  No
- Who authorised repairs? .....
- (f) **PLEASE FORWARD: (This action must be taken before settlement of any claim can be considered.)**  
A letter of demand to the Person or Firm you hold responsible for this loss.  
**TO SPORTSCOVER**
- Copy of and the reply to this demand.
  - Copy of invoice.
  - Copy of consignee's advice of non delivered items.
  - Advice as to the measures initiated by the insured to locate any NON-DELIVERED items.
  - Copy of Carriers Consignment Note, Bill of Lading or Airways Bill including Conditions of Carriage.  
and if possible a copy of the Carriers Manifest/Inventory.

## **PART 8 - DECLARATION**

I declare that the above particulars are a true account of the loss, damage or injury sustained by me and that the claim shown above does not include any profit or advantage of any kind. I further declare that all the conditions and warranties of the policy have been faithfully complied with and that no party insured has wilfully caused the said loss, damage or injury or sought unjustly to benefit thereby.

I/We agree to authorise SPORTSCOVER AUST. PTY LTD (ACN 006 637 903) to give to, or to obtain from, other insurers or an insurance/credit reference bureau any information relating to this insurance and any other insurances held by me/us now or in the past and claim under those Insurances.

**WARNING: Persons found to have lodged a fraudulent claims are liable for prosecution.**

Signature \_\_\_\_\_ Date    /    /

**Witness**

Signature \_\_\_\_\_ Date    /    /

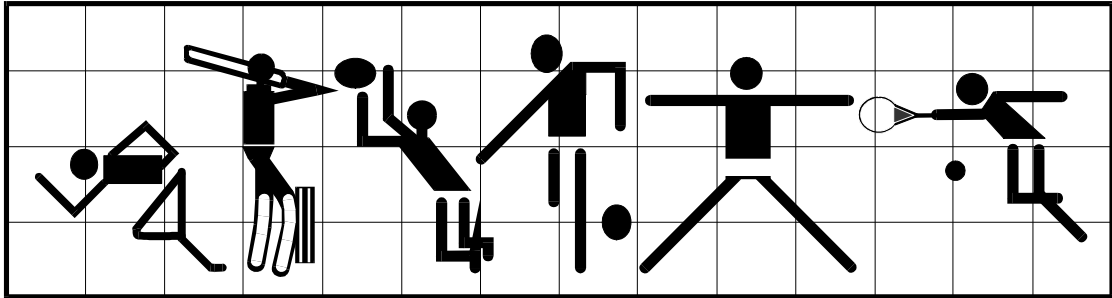
**N.B. REPAIRS SHOULD NOT BE COMMENCED WITHOUT SPORTSCOVER APPROVAL**

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



**GENERAL COMMENTS**

A large rectangular area with a solid black border, containing 25 horizontal dotted lines for writing.



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**CLAIMS HOTLINE: 1300 134 956**

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