

GOLFER'S INSURANCE CLAIM FORM

The acceptance of this Form is not an admission of liability on the part of the Company.

PARTICULARS OF INSURED			
Name of Insured*		Policy No	
Name of Club		Membership Number	
Name of Golfer/ Claimant		NRIC No.	
Address			
Contact No (H)	(O)	(Hp)	Email
DETAILS OF OCCURRENCE			
Date & Time of Occurrence		Place of Occurrence	
Full Description of Circumstances			
Name and Contact Number of Person who witnessed this occurrence			
PERSONAL ACCIDENT/ MEDICAL EXPENSES			
Nature of Injury			
Did these injuries result in permanent disability? If yes, please state the details			<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount Claimed			
Supporting Documents Required			
<ul style="list-style-type: none"> Original Medical Bills Medical Report or Discharge Summary on onset, cause, extent of permanent disability (if applicable) and nature of injury Police report/ Letter from golf club confirming the incident Death Certificate, autopsy report and coroner's findings (Death Claim) Proof of Relationship between Deceased and Claimant (Death Claim) 			
LIABILITY TO THE PUBLIC			
Details of Third Parties			
Name	Address	Nature of Injury/ Extent of Damage	
Has a claim been made upon you in respect of this accident ? If yes, what is the amount claimed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you in any way admitted liability? Please state reason.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Supporting Documents Required			
<ul style="list-style-type: none"> Letter from golf club confirming the incident Claim Letters, Writ of Summons from third party with supporting documents, if any 			

LOSS/ DAMAGE TO GOLFING EQUIPMENT/ PERSONAL EFFECTS

Description of Lost/ Damaged item (Brand, Make & Model)	Nature/ Extent of Damage	Date & Place of Purchase	Purchase Price	Cost of Repair or Replacement	Amount claimed

When and by whom was loss/ damage discovered?

Date and Time the item(s) was last seen

By whom and where was the item(s) last seen?

If a police report was made, please provide the report and state Name of Police Station & Report No.

What Steps have been taken to recover the lost item (s)?

Supporting Documents Required :

- Police Report/ Investigation Results/ incident report/ Letter from golf club confirming the loss
- Photographs of damaged property and location
- Original Invoice/ Purchase Receipt of lost or damaged item(s)
- Original Repair/ Replacement Invoices

Please do not dispose off the damaged items until we have settled your claim, in the event that we need to inspect/ verify the damages.

HOLE-IN-ONE ACHIEVEMENT

Date of Achievement	Golf Course at which Hole-in-One was achieved?	Amount Claimed

Supporting Documents Required :-

- Letter from Golf Club certifying the achievement
- Hole-in-One Certificate
- Original F&B bills

OTHER INSURANCE/ INFORMATION

Is there any other insurance covering this incident?

Yes No

If yes, please state the Name of Insurance Company and Policy No

CLAIMS CHEQUE

Subject to liability involved, settlement cheque is to be issued in favour of _____

I, We hereby declared that all the foregoing particulars given by me/ us are true and correct. I/ We agree that the Policy shall be void and I/ We shall forfeit all rights to recover if I/ We have made or were to make any false or fraudulent statements, or withhold material facts whatsoever in respect of this claim.

Signature of Insured & Company Stamp

Date

Signature of Claimant / Golfer

Date