

## 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

- 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

- 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