

Golfer's Claim Form

Policy Number	
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Please note that this form is issued without admission of liability. Please state all relevant information requested as complete and as accurate as possible.

Particulars of Insured (Company / Individual)

Name of Insured (As in NRIC/Passport) ⁺		GST Registration / NRIC Number*	
Name of Club	Membership Number	Effective Date of GST Registration+ (dd/mm/yyyy)	
Name of Golfer / Claimant (As in NRIC/Passport)		NRIC / Passport Number*	
Address			
Contact Number (H)	(O)	(HP)	Email

+ If applicable * Delete if not applicable

Details of Occurrence

Date of Occurrence (dd/mm/yyyy)	Time of Occurrence <input type="checkbox"/> am <input type="checkbox"/> pm	Place of Occurrence
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State fully what happened

Name and Contact Number of person who witnessed this occurrence

Loss / Damage to Golfing Equipment / Personal Effects

Description of lost/damaged item(s) (brand, make & model)	Nature & Extent of damage	Date & Place of purchase	Purchase price	Estimated cost of repair or replacement	Deduction for age, use and/or wear & tear or value of salvage	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 loss took place at Club premises, was the Club management notified? Yes No
 If No, please state reason:

If a police report was made, please state Name of Police Station and Report Number

Has a thorough search been made for the lost item(s)? Yes No
 If No, please state reason:

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

Hole-In-One Achievement

Date Hole-In-One was achieved (dd/mm/yyyy)	Golf course at which Hole-In-One was achieved
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Personal Accident and Medical Expenses

Nature of injury sustained

Body part injured

Amount claimed

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? Yes No
 If Yes, what is the amount claimed?

Have you in any way admitted liability? Yes No
 Please state reason:

Was the accident contributed to or caused by negligence on the part of the third party? Yes No
 If Yes, in what way was the third party negligent?

Other Insurance / Information

Is there any other insurance covering this incident? Yes No
 If Yes, please state Name of Insurance Company and Policy Number:

Have you ever made any previous claim(s) under similar circumstances? Yes No
 If Yes, please provide details:

Are you a member of other golf clubs? Yes No
 If Yes, please give details including Membership Number:

Supporting Documents

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| 1. Photographs of the damaged item(s) | 5. Original bills / F&B bill / scorecard / Hole-In-One Certificate |
| 2. Invoice / Purchase receipts of lost / damaged item(s) | 6. Loss / Damage Report lodged with the Club |
| 3. Repair / Replacement receipts | 7. Original medical bills / medical report, if applicable |
| 4. Police Report / Incident Report from the Club | |

Declaration

I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and I/we shall forfeit my/our rights to claim under the policy.

Please make the cheque payable to _____

Signature of Insured

Signature of Golfer / Claimant

Name of Insured

Name of Golfer / Claimant

Company's Stamp (if applicable)

Date