



GOLFER INSURANCE CLAIM FORM

Please note that this form is issued without admission of liability. Please state all relevant information requested as completely and accurately as possible. Please tick where applicable.

PARTICULARS OF INSURED

Name of Insured (As in NRIC/Passport) Mr/Mrs/Ms/Mdm/Dr* _____ Policy No _____
 Name of Club _____ NRIC/Passport/BC No _____
 Address _____ Postal Code _____
 Tel _____ (H) _____ (O) _____ (Hp) _____
 Email _____

* Delete if not applicable

DETAILS OF CLAIM

HOLE-IN-ONE

Date _____ Time _____ am/pm* Place of achievement _____
 Hole No _____

DAMAGE TO GOLF EQUIPMENT

Place where damage occurred _____
 If damaged on golf course, please state:
 (i) Date and time of damage _____
 (ii) Hole No _____
 (iii) Whether on Tee Box/Fairway/Rough/Green/Bunker/Driving Range _____
 Name(s) of person(s) who witnessed the damage _____
 Describe fully how the damage occurred _____

LOSS OF GOLF EQUIPMENT

Date and time of discovery of loss _____
 By whom was the loss discovered? _____
 Date and time when the article(s) was/were last seen _____
 Name(s) of person(s) who witnessed the loss _____
 By whom was the equipment last seen, and where? _____

 State the circumstances under which the theft or loss took place _____

When were the Police notified, and at which Station? _____

If loss took place at club premises, was the Club Management notified? Yes No

If Yes, please furnish a copy of the Lost Report Form.

Has a thorough search been made for the article(s) _____

Steps taken to recover the loss _____

