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| **Golfer’s Insurance Claim Form**  (the Company does not admit liability by the issuance of this form) |

TYPE OF CLAIM **1. Public Liability** **2. Personal Accident 3. Golfing Equipment 4. Personal Effects 5. Hole-In-One/Albatross\***

*\*For Hole-In-One / Albatross claims, you need to fill up only Sections A & B. Please attach letter from the golf club certifying the achievement, Hole-In-One Certificate, Score Card and invoices/bills/receipts in support of your claim.*

**Section A: General Information**

Insured: Policy No.:

\*Business Licence Number: \*\*Passport/I.D No.:

Address: Type: s member spouse junior employee

Tel No.:

Do you have any other insurance that will cover this loss? Yes No If Yes, please provide details:

\* *for Corporate Customer*

*\*\* for Individual Customer*

**Section B: Details of incident (leading to damage, loss, injury or hole in one)**

Date of incident: Time occurred:

Place Incident occurred:

If the incident occurred *whilst in transit*\* from to

If the incident occurred on golf course, state Hole No.:

Did the incident occur on Tee Box/ Fairway / Green / Bunker / Driving Range?

Names and Contact of persons who witnessed Incident / Hole-In-One / Albatross:

Detailed Description of Incident:

*\*\* For Golfing Equipment Claim only*

**Section 1: Public Liability Claim**

State name and address of third party:

How is the third party related to you?

Extent of third party loss or injury:

State estimated amount of claim:

Please let us have your views as to who is at fault:

**Important notice:** Please **do not** admit liability to third party.

**Section 2: Personal Accident Claim**

State nature of injury sustained by you:

Please submit medical report, medical certificates and medical invoices/bills/receipts for this section of claim.

**Section 3,4,5: Please fill up the following (as applicable):**

Was the loss reported to the police or relevant authorities managing the place (such as airport authorities, club management, shopping mall...etc) Yes\* No. \**If Yes, please attach a copy of report.*

Has a thorough search been conducted to retrieve the lost article(s) Yes No\* \*Reasons if No:

What steps have you taken to recover the lost article(s):

A Golfer’s policy being a contract of INDEMNITY, all claims must be based upon the actual value of the articles at the time of Theft, Loss, or Damage, but not exceeding the sums for which they are respectly insured, due allowance being made for depreciation and wear and tear.

**Particular of Loss**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Describe items lost damaged** | **Where & When purchased** | **Original Purchase Price** | **Deduction for Wear and Tear** | **Claim Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL CLAIM AMOUNT** | | | |  |

*\*Please attach additional listing if above space is insufficient*

**Claim Payment**

Please make a remittance of the claim amount to following beneficiary:

Account Name: Date of Birth: ID (Passport) No.:

Address: . Nationality:

Account Number:

Bank Name:

Bank Address:

*Please attach all original invoices/bills/receipts. If any primary document could not submit, its certified copy is required.*

***Important Notice****: The Insured person must, in the event of a claim, advise the company as to any other insurance that they may have covering the same risk.*

**Declaration:** **I hereby declare and warrant that all the answers given above to be true. I accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false or inaccurate in any aspect.**

Signature & Stamp

Name:

Date: