



Liberty Insurance Pte Ltd
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GOLFCARE INSURANCE CLAIM FORM

THIS FORM IS ISSUED WITHOUT ADMISSION OF LIABILITY AND IT MUST BE COMPLETED AND RETURNED TO US IMMEDIATELY, WHETHER OR NOT A CLAIM IS MADE.

1. THE POLICYHOLDER

Name: _____ NRIC/Passport No: _____

Contact Address: _____

Contact Telephone No.: _____ Policy No.: _____

Email Address: _____

Are you GST registered? Yes / No If yes, GST registration no. _____

2. NATURE OF CLAIM. I am making a claim for the following (please tick):

- | | |
|---|--|
| <input type="checkbox"/> Personal Liability | <input type="checkbox"/> Golf Equipment & Personal Effects |
| <input type="checkbox"/> Personal Accident | <input type="checkbox"/> Golf Clubs |
| <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Hole-in-One |

3. Particulars of Accident/Loss/Injury

Date of Accident/Loss/Injury: _____ Time of Accident/Loss/Injury: _____

Place of Accident/Loss/Injury: _____

Brief Description of Accident/Loss/Injury: _____

Please provide original medical bills and/or medical reports/memo from the doctor stating the nature of the injury.

4. Description of Property Lost/Damaged			
Property Lost/Damaged	Year of Purchase	Original Purchase Price	Amount Claimed

Please provide the following:

- (a) Original purchase bills/invoices of property lost/damaged, if available.*
- (b) Written report(s) lodged with Police or Local Government Authority in respect of theft claim.*
- (c) Certificate from Golf Club in respect of Hole-in-One claim.*

Please let us have the damaged club if it is not repairable and is replaced.

5. Particulars of Third Party Claim (if any)

Name of Third Party: _____

Address of Third Party: _____

Brief Description of Nature & Extent of Damage/Injury: _____

Comments (if any): _____

No admission of liability, offer, promise or payment in connection with any accident or claim shall be made by or on behalf of the Insured without the written consent of the Company.

I declare that I have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit by any fraud or wilful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim.

(Date)

(Signature of Policyholder)