

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. Any documentary proof or report required by liberty shall be furnished at the expense of policyholder or claimant.

POLICYHOLDER INFORMATION

| | |
|------------------|---------------------------------------|
| Name: | NRIC/Passport No: |
| Contact Address: | Contact Telephone No: |
| | Policy No: |
| Email Address: | GST Registration No. (if applicable): |

NATURE OF CLAIM *(I am making a claim under the following sections, please tick the relevant)*

- | | |
|---|--|
| <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 |

DETAILS OF ACCIDENT/LOSS/INJURY

| | |
|--|--------------------------------|
| Date of Accident/Loss/Injury: | Place of Accident/Loss/Injury: |
| Time of Accident/Loss/Injury: | |
| Brief Description of Accident/Loss/Injury: | |
| <i>Please provide original medical bills and/or medical reports/memo from the doctor stating the nature of the injury.</i> | |

| Description of Property Lost/Damaged | Year of Purchase | Original Purchase Price | Amount Claimed |
|---|------------------|-------------------------|----------------|
| | | | |
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| | | | |
| <p>Please provide the following:</p> <p>(a) <i>Original purchase bills/invoices of property lost/damaged, if available.</i></p> <p>(b) <i>Written report(s) lodged with Police or Local Government Authority in respect of theft claim.</i></p> <p>(c) <i>Certificate from Golf Club in respect of Hole-in-One claim.</i></p> <p>Please let us have the damaged club if it is not repairable and is replaced.</p> | | | |

| DETAILS OF THIRD PARTY (IF ANY): | |
|--|-------------------------|
| Name of Third Party: | Address of Third Party: |
| Brief Description of Nature & Extent of Damage/Injury: | |
| Comments (if any): | |
| <p>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.</p> | |

| BANK ACCOUNT INFORMATION (for GIRO Claims Processing) | | |
|---|-------------------------|--------------|
| Name of Bank: | Bank Code: | Branch Code: |
| Bank Account No: | Name of Account Holder: | |

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 exaggerated the claim or sought unjustly to benefit by any fraud or willful misrepresentation and that the information shown on this Form is true and that I have not concealed any information relating to this claim. I understand Liberty Insurance reserves the right to repudiate the claim if it is later proven false or intentionally omitted by me.

Signature of policyholder (Company stamp, if applicable)

Date