

Please complete all sections to facilitate the processing of your application. 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.

Information of Policyholder

Name of Policyholder:	Policy No.:
Mailing Address:	Postal Code ()
Email:	NRIC/FIN No.:
Contact No.:	

Nature of Claim (Please tick the relevant)

<input type="checkbox"/> Emergency Medical Evacuation & Repatriation	<input type="checkbox"/> Golf Clubs	<input type="checkbox"/> Golf Equipment & Personal Effects
<input type="checkbox"/> Hole-in-one	<input type="checkbox"/> Medical Expenses	<input type="checkbox"/> Personal Accident
<input type="checkbox"/> Personal Liability	<input type="checkbox"/> Repatriation of Mortal Remains	

Type of Accident(s)

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 doctor stating the nature of the injury.			
Description of Property Lost/Damaged	Year of Purchase	Original Purchase Price	Amount Claimed

Please provide the following:

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

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

Details of Third Party (if any)

Name of Third Party:	

Address of Third Party:	
_____	Postal Code ()
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.

Bank Account Information for Electronic Transfer

Name of Bank:	Bank Code:	Branch Code:
_____	_____	_____
Bank Account No.:	Name of Bank Account Holder:	
_____	_____	

I agree to hold Liberty Insurance Pte Ltd harmless and that it is fully and finally discharged of its obligations once it has made payment to the bank and bank account number given above.

PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd and third-parties including related entities, employees, agents, other insurers, contractors & service-providers (collectively, "Appointees") to collect, use and disclose all personal data relating to myself or other individuals that I have furnished in the past, present & in the future, for one or more of the purposes described in Liberty's Data Protection Policy, including but not limited to considering whether to provide insurance, carrying out due diligence, pricing, administering and servicing my policies, communicating with me, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, information-sharing, surveys, data storage & backups. I have read and agreed to the full Policy at www.libertyinsurance.com.sg/data-protection-policy/. If there is any personal data relating not to myself but to other individuals that I have furnished in the past, present & in the future, I warrant that I have obtained prior consent from these data subjects (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty Insurance Pte Ltd and its Appointees to collect, use and disclose their personal data for the abovementioned purposes and on the same terms herewith. I warrant that all personal data I have provided are accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge as soon as practicable.

DECLARATION

- 1) 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.

I authorize the release of any medical information necessary to process this claim.

Date

Signature of Policyholder
(Company stamp, if applicable)