

Claims Form - GolfCare

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: _____	
Email: _____	Postal Code () _____
Contact No.: _____	NRIC/FIN No.: _____

Nature of Claim (please tick the relevant)

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

Details 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 doctor stating the nature of the injury.

Details of Property Lost/Damaged	Owner of Property	Year of Purchase	Original Purchase Price	Amount Claimed
			S\$	S\$
			S\$	S\$
			S\$	S\$



Claims Form - GolfCare

Details of Property Lost/Damaged	Owner of Property	Year of Purchase	Original Purchase Price	Amount Claimed
			S\$	S\$
			S\$	S\$

Please provide the following (if applicable):

- Original purchase bills/invoices of property lost/damaged, if available
- Written report(s) lodged with the 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.

DECLARATION

- 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



Claims Form - GolfCare

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.

- b) I authorise the release of any medical information necessary to process this claim.
- c) I/We have read & agreed entirely to all terms in Liberty's Data Protection Policy, available on request & also at www.libertyinsurance.com.sg/data-protection-policy, both now & in advance as it may be amended from time to time.

Date

Signature of Policyholder
(Company stamp, if applicable)

