



**NATIONAL SERVICE RESORT & COUNTRY CLUB**  
10 Changi Coast Walk Singapore 499739  
Tel: 6540 8588/43 Fax: 6545 6508

## **GOLFER'S INSURANCE APPLICATION FORM**

### **Fixed Period : 1 April 2024 to 31 March 2025**

#### **(A) Particulars Of Applicant**

Member Name \_\_\_\_\_ Membership No \_\_\_\_\_

Address \_\_\_\_\_

Contact No \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

#### **(B) Premium Payment**

S/n.	Membership Type	Name of Insured	Membership No.	Premium (include GST)
1	Principal			\$27.25
2	Spouse			\$27.25
3	Junior #1			\$13.08/\$27.25(*)
4	Junior #2			\$13.08/\$27.25(*)
5	Junior #3			\$13.08/\$27.25(*)
6	Junior #4			\$13.08/\$27.25(*)
7	Junior #5			\$13.08/\$27.25(*)

(\*) Delete where applicable

#### **(C) Application Requirement**

- All premiums will be billed to the principal member's in-house account.
- The premium will not be pro-rated if you apply after 1 April 2024** or your membership term expires/withdrawn/terminated before 31 March 2025. Policy will cease if membership term expires/withdrawn/terminated within the period.

#### **(D) Automatic Renewal**

Automatic renewal of my golfer's insurance policy through NSRCC.

No automatic renewal of golfer's insurance policy through NSRCC.

#### **(E) Declaration**

I want to effect the insurance specified here and declare that I:

- Warrant that the information given above are true and correct.
- Agree to accept the terms and conditions contained in the golfer's insurance policy or insurance coverage summary.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_