



**NATIONAL SERVICE RESORT & COUNTRY CLUB**

10 Changi Coast Walk Singapore 499739

Tel : 6540 8588/43 Fax : 6545 6508

**DAY COVER GOLFER'S INSURANCE APPLICATION FORM**

**(A) Particulars of Applicant**

Name \_\_\_\_\_ NRIC No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

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

**PREMIUM FOR MEMBER: S\$10.70 PER DAY PREMIUM**

**FOR NON-MEMBER: S\$13.38 PER DAY**

**(B) Premium Payment**

**Premium payment has to be settled on the day of application.**

- Payment By :  Amex  
 VISA/Mastercard  
 Nets  
 Cash  
 In-House (For Members only)

**(C) Declaration**

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

- i) warrant that the information given above are true and correct.
- ii) agree to accept the terms and conditions contained in the Day Cover Golfer's Insurance policy or insurance coverage summary.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date