

## Golfer's Claim Form

<b>Policy Number</b>	
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Please note that this form is issued without admission of liability. Please state all relevant information requested as completely and as accurately as possible.

### Particulars of Insured (Company / Individual)

Name of Insured (As in NRIC/Passport)*		GST Registration Number / NRIC Number*	
Name of Club	Membership Number	Effective Date of GST Registration* (dd/mm/yyyy)	
Name of Golfer / Claimant (As in NRIC/Passport)		NRIC/ Passport Number*	
Address			
Contact Number (H)	(O)	(HP)	Email

+ If applicable \* Delete if not applicable

### Details of Occurrence

Date of Occurrence (dd/mm/yyyy)	Time of Occurrence am pm	Place of Occurrence
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State fully what happened

Name and Contact Number of person who witnessed this occurrence

### Loss / Damage to Golfing Equipment / Personal Effects

Description of lost / damaged item(s) (brand, make & model)	Nature & Extent of damage	Date & Place of purchase	Purchase price	Estimated cost of repair or replacement	Deduction for age, use and/or wear & tear or value of salvage	Amount Claimed

When and by whom was loss/damage discovered?

Date and Time the item(s) was last seen

By whom and where was the item(s) last seen?

If loss took place at Club premises, was the Club management notified? Yes No  
 If No, please state reason:

If a police report was made, please state Name of Police Station and Report Number

Has a thorough search been made for the lost item(s)? Yes No  
 If No, please state reason:

What steps have been taken to recover the lost item(s)?

### Hole-In-One Achievement

Date Hole-In-One was achieved (dd/mm/yyyy)	Golf course at which Hole-In-One was achieved
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**Personal Accident and Medical Expenses**

Nature of injury sustained

Body part injured

Amount claimed

**Liability to the Public**

Details of Third Parties

Name	Address	Nature of Injury / Extent of Damage

Has a claim been made upon you in respect of this accident?  
If Yes, what is the amount claimed?

Yes

No

Have you in any way admitted liability?  
Please state reason:

Yes

No

Was the accident contributed to or caused by negligence on the part of the Third Party?  
If Yes, in what way was the Third Party negligent?

Yes

No

**Other Insurance / Information**

Is there any other insurance covering this incident?

If Yes, please state Name of Insurance Company and Policy Number:

Yes

No

Have you ever made any previous claim(s) under similar circumstances?  
If Yes, please provide details:

Yes

No

Are you a member of other golf clubs?

If Yes, please give details including Membership Number:

Yes

No

**Supporting Documents**

1. Photographs of the damaged item(s)
2. Invoice / Purchase receipts of lost / damaged item(s)
3. Repair / Replacement receipts
4. Police Report / Incident Report from the Club
5. Original bills / F&B bill / scorecard / Hole-In-One Certificate
6. Loss / Damage Report lodged with the Club
7. Original medical bills / medical report, if applicable

**Mode of Payment (if applicable)**

My preferred way to receive payment is:

 PayNow

Name of Account Holder

NRIC / FIN / UEN Number

 Credit to my Bank Account

Name of Account Holder (as in Bank Account)

NRIC / FIN / UEN Number

Bank Name

Bank Code

Branch Code

Bank Account Number (Please key in numbers only and omit any dashes '-')

 By Cheque

Name of Payee

## Declaration

Please note that you are submitting this claim to MSIG Insurance (Singapore) Pte. Ltd. Please see our full Terms of Use and Privacy & Cookies Policy on our website [www.msig.com.sg](http://www.msig.com.sg).

By submitting this claim to us, you are deemed to have agreed to us collecting, using, disclosing and processing your personal data for the purpose of assessing your claim. This may include disclosing and sharing your personal data with our service providers and/or with other Insurers in the general insurance industry, including the General Insurance Association of Singapore, for the proper processing, handling and/or dealing with your claim, which includes investigating the said claim, and complying with applicable laws (collectively, 'the Purpose'). We may also need to disclose or share your personal data with service providers who are sited outside Singapore for the Purpose

I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and the Insurer may refuse to pay the claim.

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Signature of Insured

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Signature of Golfer / Claimant

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Name of Insured

.....  
Name of Golfer / Claimant

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NRIC / FIN / Passport Number of Insured

.....  
NRIC / FIN / Passport Number of Golfer / Claimant

.....  
Date

.....  
Date