

## GOLFERS INSURANCE CLAIM FORM

*The issuance of this form is not an admission of liability on the part of the Company.  
All questions on this form must be answered in full.*

### A. DETAILS

Name: \_\_\_\_\_ Age : \_\_\_\_\_  
ID/Passport No: \_\_\_\_\_  
Occupation or Business \_\_\_\_\_  
Home address : \_\_\_\_\_  
Telephone : Office Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Fax No: \_\_\_\_\_ Email: \_\_\_\_\_  
Insurance period - From: \_\_\_\_\_ To: \_\_\_\_\_

### B. GOLFING EQUIPMENT

Please let us have the information requested for in the table

#### GOLF BAG CONTENTS

MAKE: \_\_\_\_\_ NUMBER \_\_\_\_\_  
VALUE: \_\_\_\_\_ WOODS \_\_\_\_\_  
IRONS: \_\_\_\_\_ PUTTER \_\_\_\_\_  
BAG: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

### C. DAMAGE OR THEFT

- i. Please provide us with the replacement and/or repair invoices.
- ii. In cases of theft:
  - (a) Report to the police and attach a police abstract Report.
  - (b) Let us know what steps you have taken to recover the property.
  - (c) Let us know if you suspect any persons.
- iii. In cases of irreparable clubs, please attach the damaged clubs.
  - a) Date of loss \_\_\_\_\_
  - b) Place of loss \_\_\_\_\_
  - c) Circumstances of the loss \_\_\_\_\_
  - d) Please complete the next page of the claim form

Description of item for which claim is made \_\_\_\_\_

Date when bought or received \_\_\_\_\_

Where bought, or if a present, name and address of giver \_\_\_\_\_

Cost price (less discounts) \_\_\_\_\_

Value at time of loss after allowing for wear and tear \_\_\_\_\_

Net amount claimed \_\_\_\_\_

#### D. DECLARATION

CONGRATUATIONS! IMPORTANT

- i) Please attach all receipts and/or invoices.
- ii) Please attach a letter from the club captain confirming the event.

a) Date of achievement \_\_\_\_\_

b) Place of achievement \_\_\_\_\_

#### E. PUBLIC LIABILITY

**IMPORTANT**

- iii) Do not admit liability.
- iv) Send all demand letters to us unanswered
  - c) Date of loss \_\_\_\_\_
  - d) Time of loss \_\_\_\_\_
  - e) Where it happened \_\_\_\_\_
  - f) Circumstances of loss \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_