



UNITED

Massy United Insurance Ltd.

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GOLFER'S INSURANCE CLAIM FORM

Policy No. VAT No.
 Branch or Agent to whom premium was paid Claim No.
 Name of Insured Occupation
 Address Telephone No.
 Email Address Cell No.

PERSONAL ACCIDENT CLAIM

Name injured person Occupation
 Address Date of birth
 Description of accident
 Date of Accident Time a.m./p.m.
 Nature of Injury
 Name and address of doctor who attended
 Has a similar injury been sustained before? If so, when?
 Name and address of usual doctor
 During what period was the injured person totally disabled from attending to any part of his occupation or profession?
 From 20 To 20
 If total disablement continues, the certificate hereunder is to be completed by the injured person's usual Doctor

MEDICAL CERTIFICATE

Name of patient
 Nature of injury
 Date of first attendance for this injury
 If there is any history of a similar previous injury please give details
 How long is total disablement from usual occupation likely to continue?
 Are there any factors likely to retard recovery?

Signature Qualifications
 Address
 Date

PROPERTY CLAIM

Name and address of owner

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Date of loss or damage Time a.m./p.m. Place

Circumstances of loss or damage

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Date advised to Police Address of Police Station

If luggage or money is insured under any other Policy, name and address of insurers

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LIST OF PERSONAL EFFECTS &/OR GOLFING EQUIPMENT LOST OR DAMAGED

No. of Articles	Description	When Bought	Where Bought	Cos t Paid	Deduct for Depreciation	Amount Claimed

PUBLIC LIABILITY CLAIM

Date of accident Time of accident a.m./p.m.

Place

Explain fully how accident occurred

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Person who sustained injury or damage to property:	Names and addresses	Nature of injury or damage

Names and addresses of any witnesses

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Was the accident reported to the Police ?..... Identity of officer or station

Is there any other insurance indemnifying you in respect of this accident? If so, give name and address of Insurers.

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Has any claim been made against you? If so, give details

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I declare that the particulars given on this form are, to the best of my knowledge, true and complete

Date Signature of Insured