GOLFER'S INSURANCE CLAIM FORM

VAT No. .....

Policy No. ..... Claim No. .....

Branch or Agent to whom premium was paid .....

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 .....

(Please turn to the reverse side, complete where appropriate and sign the form)

PROPERTY CLAIM

Name and address of owner .....

.....

.....

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

Circumstances of loss or damage .....

.....

Date advised to Police ..... Address of Police Station .....

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

.....

.....

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 .....

.....

.....

.....

.....

.....

.....

.....

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

.....

.....

.....

.....

.....

Names and addresses of any witnesses

.....

.....

.....

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.

.....

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

.....

.....

.....

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

Date ..... Signature of Insured .....