

GOLFER'S INSURANCE CLAIM FORM

Important Notice

The acceptance of this form is NOT an admission of liability on the part of NTUC Income. All documentary proof or report required by NTUC Income shall be furnished at the expense of the Policyholder or Claimant. The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of the an incomplete form or insufficient information or supporting documents may delay the processing or result in denial of your claim.

Policy No.	Policy Period	Claim No.
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Personal Particulars of Policyholder

Name of Policyholder (as shown in NRIC/Passport), if applicable.	NRIC No.
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Personal Particulars of Claimant

Name of Claimant (as shown in NRIC/Passport)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC No.	Date of Birth
Residential Address		Occupation	
Contact No. (O) (H) (Hp)		Email	

Details Of Occurrence

1. Date & Time of Occurrence	2. Place of Occurrence
3. Describe circumstances in detail 	
4. Name & Contact No. of person who witnessed this occurrence	
5. Is there any other insurance covering this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state Name of Insurance Company, policy number and amount recoverable.	

Type Of Claim

Please tick off the items which you are attaching for this claim.

A. ☐ Personal Accident/Medical Expenses

1. Nature of injury
2. Did these injuries result in permanent disability? If Yes, please state the details <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Amount claimed

Supporting documents required (or attached):

- ☐ Original medical bills
- ☐ Medical report or discharge summary on onset date, cause, extent of permanent disability (if applicable) and nature of injury
- ☐ Police report/letter from golf club confirming the incident
- ☐ Death certificate, autopsy report and coroner's findings (death claim)
- ☐ Proof of relationship between deceased and claimant (death claim)

B. <input type="checkbox"/> Golfing Equipment & Personal Effects					
Description of lost/damaged property (Brand, Make & Model)	Date & Place of Purchase	Purchase Price	Purchase Receipt (Yes/No)	Cost of repair or replacement	Amount Claim (\$\$)
1. When and by whom was loss/damage discovered?		2. To describe the extent of damage			
3. Date and Time the item(s) was last seen		4. By whom and where was the item(s) last seen?			
5. If a police report was made, please provide the report and state Name of Police Station and Report No.					
6. What steps have been taken to recover the lost item(s)?					
Supporting documents required (or attached): <ul style="list-style-type: none"> <input type="checkbox"/> Police report/investigation results/incident report/Letter from golf club confirming the loss or damage <input type="checkbox"/> Colour photographs of damaged property and location <input type="checkbox"/> Assessment report from repairer on the cause and extent of the damaged item(s) <input type="checkbox"/> At least 2 quotations of repair or replacement of the lost or damaged item(s) <input type="checkbox"/> Original invoice/purchase receipt of lost or damaged item(s) <input type="checkbox"/> Original repair/replacement invoices/receipts Please DO NOT dispose off the damaged item until we have settled your claim, in the event that we need to inspect/verify the damages.					
C. <input type="checkbox"/> Hole-In-One Achievement					
Date of achievement	Golf course at which Hole-in-One was achieved			Amount claimed	
Supporting documents required (or attached): <ul style="list-style-type: none"> <input type="checkbox"/> Letter from golf club certifying the achievement <input type="checkbox"/> A copy of Hole-in-One certificate <input type="checkbox"/> Original entertainment bills/receipts 					
D. <input type="checkbox"/> Liability To The Public					
1. When were you first notified of the incident?					
2. If anyone has been injured, please furnish:					
a) Name, NRIC number and Address of injured person _____					
b) Details of Nature of Injury / Extent of Damage _____					
3. Has any intimation of claim been made against you? If so, by whom?					
Note: No payment, offer or promise of any payment or admission of liability should be made. All letters from third parties should be forwarded to us immediately upon receipt.					
Supporting documents required (or attached): <ul style="list-style-type: none"> <input type="checkbox"/> Letter from golf club confirming the incident <input type="checkbox"/> Letters, writ of summons from third party with supporting documents if any (eg. Invoices of items, quotation for repair) 					

Declaration and Authorisation

I, the undersigned hereby declare that all the foregoing particulars given by me are true and correct. I agree that the Policy shall be void and I shall forfeit all rights to recover if I have made or were to make any false or fraudulent statements, or withhold material facts whatsoever in respect of this claim.

I hereby consent NTUC Income to obtain medical information from hospitals, physicians and any other person I have consulted and I authorise the giving of such information. I also agree that the photocopy of this form is as valid as the original.

Signature of Claimant

Date

GI/CL/05/2011

Before mailing, please ensure all the relevant sections related to your claim are completed in full and the requested documents are attached together with the form. We will process your claim upon receipt of the full supporting documents. Please direct the claim form and all correspondences to: NTUC Income, P O Box 0132, Singapore 911802.