

**GOLFERS INSURANCE CLAIM FORM**

1. Name of Insured: \_\_\_\_\_
2. Policy Number: \_\_\_\_\_
3. Club Member Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
5. Contact Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
6. Date of Loss: \_\_\_\_\_ Day of \_\_\_\_\_ 20 \_\_\_\_\_
7. Place of Loss: \_\_\_\_\_
8. State circumstances in which Loss or Damage Occurred: \_\_\_\_\_  
\_\_\_\_\_
9. Have you any other insurance policy under which this claim could be made?  Yes  No  
If Yes please give full details: \_\_\_\_\_
10. Have you ever personally suffered loss, damage, liability or injury in connection with Golf?  Yes  No  
If yes, please give details: \_\_\_\_\_

**For Loss or Damage Claim**

Value prior to loss/damage: \_\_\_\_\_

Amount Claimed: \_\_\_\_\_

I hereby warrant the truth of the above information:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_