

To help you complete this form we have listed below some points which you should refer to before submitting your claim. Accurate completion of the claim form will help avoid any undue delay in the settlement of your claim.

1. Please fully complete this form.
2. An invoice for treatment will be required.
3. You are responsible for paying the first £25 of this claim in respect of your policy excess.
4. Please scan and email the completed form to claims@golferspolicy.co.uk or alternatively please post this form to:

**Claims Department
Carrick Neill
5th Floor
101 George Street
Edinburgh
EH2 3ES**

Your details

Name:

Address:

Postcode:

Telephone number:

Details of your golf club

Name:

Address:

Postcode:

Telephone number:

Claims details

Date of accident:

State how accident occurred and what were you doing at that time:

Please specify the injuries you have suffered:



Dental treatment/optical claim sheet



Name and address of optician/dentist attended:

I declare that the above statement is true and correct to the best of my knowledge and belief.
I have not withheld from insurers any information within my knowledge connected to this claim.
I agree to provide insurers with any further information or documentation as may be reasonably
required. I understand that insurers do not admit liability by the issue of this form.

Signature

Date