

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. A copy of your subscription(s) receipt is required.
3. No payment will be made for the first four weeks, thereafter benefit is payable quarterly in arrears.
4. The last page of this claim form contains a medical certificate which must be completed by your GP. Any charge made by a doctor/consultant for the completion of this certificate is your own responsibility and will not be taken into account when settling your claim.
5. Please scan and email the completed form to claims@golferspolicy.co.uk or alternatively please post **all pages** of this form to:

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

Insured details

Name:

Address:

Postcode:

Telephone number:

Details of your golf club

Name:

Address:

Postcode:

Telephone number:

Claim details

Date of accident:

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

Please specify the injuries you have suffered:

Name and address of doctor, hospital or specialist consulted or attended:

Were you admitted to hospital as a result of the accident?

Yes No

If Yes, please state the dates of your stay:

from:

to:

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

Medical certificate

I certify that:

who resides at:

is suffering from:

and as a result, I have advised him/her not to participate in golf

from:

to:

Doctor's signature:

Date

Name (please print):

Practice address: