

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. All thefts or losses should be reported to the police. The police will issue you with a crime reference number which you should provide to us.
3. An estimate will be required for the replacement of your golf equipment and we will also obtain an alternative from our supplier.
4. You are responsible for paying the first £25 of this claim in respect of your policy excess.
5. Please scan and email the completed form to [claims@golferspolicy.co.uk](mailto:claims@golferspolicy.co.uk) or alternatively please post **all pages** to:

**Claims Department  
Carrick Neill  
5<sup>th</sup> Floor  
101 George Street  
Edinburgh  
EH2 3ES**

**Your details**

Full name:

Date of birth:

Home telephone:

Daytime telephone:

Email:

Occupation:

Address:

Post code:

**Claim details**

Date of incident:

Time:

Where exactly did the incident occur?

Please provide exact details of how the theft, loss or damage occurred:

If loss occurred from a motor vehicle, please provide the make and model:

Give full details of police authority theft/loss report to:

Crime reference number:

Date reported:

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What have you done to recover the items and with what results?

In the table below list individually all items. Please enclose all original purchase receipts if available. You are not required to obtain a replacement estimate.

Make of equipment	Model/type	Place of purchase	Date of purchase	Original price
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I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld from insurers any information within my/our knowledge connected with this claim. I/We accept that I/we exaggerate any part of this claim or make any false declaration or statement, I/we shall not be entitled to receive any benefit under the policy in respect of this claim. Furthermore I/we accept that any such action on my/our part may render me/us liable to prosecution. I/We agree to provide insurers with any further information or documentation as may be reasonably required. I/We understand that insurers do not admit liability by the issue of this form.

Signature

/ /

Date