

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. This form should be completed by the golfer who caused the injury/damage (insured) Please fully complete this form.
2. It is important that you forward immediately, unanswered, any correspondence received from or on behalf of any third-party in connection with this incident. In the event of accidental damage to third-party vehicles (excluding windscreen damage) or to third-party property, we require two repair estimates to be provided.
3. Please scan and email **all pages** of this completed form to claims@golferspolicy.co.uk or alternatively please print and post 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 incident:

Time:

Where did the incident occur?

How exactly did the incident occur?

What injuries/damages were sustained?

Name and address of possible claimant:

Name and address of any witness:

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld from insurers any information within my knowledge connected with 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