



redefining / insurance



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Co. Reg No. 199903512M

GOLFERS CLAIM FORM

Policy/ Certificate No.

The issuance of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.

A. POLICY INFORMATION

Policyholder's Full Name

B. CLAIMANT DETAILS

Full Name

NRIC/Passport No.

Membership Number

Mobile No.

Email

C. LOSS DETAILS

Date and Time

Place

Describe fully how it occurred & nature of loss or damage

D. PARTICULARS OF CLAIM

Description of lost/damaged item(s) (Brand, make & model)	Nature & Extent of damage	Date & Place of purchase	Purchase Price	Cost of repair or replacement	Deduction for age, use and/or wear & tear	Amount Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. HOLE-IN-ONE ACHIEVEMENT

Date Hole-In-One was achieved (dd/mm/yyyy)

Golf course at which Hole-In-One was achieved

F. PERSONAL ACCIDENT AND MEDICAL EXPENSES

Nature of injury sustained

Body part injured

Amount claimed

G. LIABILITY TO THE PUBLIC

Details of Third Parties

Name	Address	Nature of Injury / Extent of Damage

Has a claim been made upon you in respect of this accident?

No

Yes

What is the amount claimed?

Have you in any way admitted liability?

No

Yes

Please state reason:

Was the accident contributed to or caused by negligence on the part of the third party?

No

Yes

In what way was the third party negligent?

H. OTHER INSURANCE / INFORMATION

Is there any other insurance covering this incident?

No

Yes

If Yes, please state Name of Insurance Company and Policy Number

E. BANK ACCOUNT DETAILS (for direct transfer to your bank account)

Name (as per bank account)

Bank Name

Bank Code

Account No.

Branch Code

Email (for payment notification)

F. DECLARATION, AUTHORIZATION & CUSTOMER'S DATA PRIVACY CONSENT

TO BE COMPLETED BY GOLFER / CLAIMANT

[Declaration] I/We confirm that I am/We are the claimant and/or the Policyholder and I/We declare that all the particulars given above are to the best of my/our knowledge true and correct.

[Authorization] Where applicable, I / We hereby consent to and authorize the medical practitioner involved in the claimant's care to discuss and disclose treatment details and discharge arrangements with and to AXA Insurance Pte Ltd. I/We agree that a copy of this consent shall have the validity of the original.

[Customer's Data Privacy Consent] In connection with my/our and/or the claimant's claims, I/We give consent for AXA Insurance Pte Ltd ("AXA") and their respective representatives or agents to **collect, use, store, transfer** and/or **disclose** the information (including that provided by sources other than myself) concerning me/us and/or the claimant, to or with all such persons (including any member of the AXA Group or any third party service provider, and whether within or outside of Singapore and the Policyholder when claiming under a Group Policy) for the purpose of enabling AXA and their respective representatives or agents to provide me/us and/or the claimant (where applicable) with services required of an insurance provider, including the evaluating, processing, administering and/or managing my/our and/or the claimant's claims or the Policyholder Group Policy(ies) with AXA (as the case may be), and for the purposes set out in AXA's Data Use Statement which can be found at <http://www.axa.com.sg> ("Purposes").

Date: _____

Date: _____

Name of Golfer / Claimant

Signature of Golfer / Claimant

TO BE COMPLETED BY GOLF CLUB

I hereby declare that the damaged golf club has been shown to me and I confirm that the damaged sustained is not due to wear and tear and is consistent with what the above member has reported.

Name of Insured

Signature of Insured

Date: _____

Company Stamp

G. DOCUMENTS REQUIRED FOR CLAIM ASSESSMENT

Below is a list of minimum documentation required to process your claim. Please retain an original copy of the supporting documents listed below as they may be required for your claim. In certain circumstances, additional information may be required in order for further confirmation.

(Please tick against the documents you have submitted)

- Colour photograph of the damaged item(s)
- Repair / Replacement receipts
- Police Report / Incident Report from the Club
- Original bills / F&B bill / scorecard / Hole-In-One Certificate
- Original medical bills / medical report, if applicable

Please do not admit liability without the written consent of AXA.

Forward to us all correspondences including writ of summons which you may receive from any third party/parties or their representatives immediately and unanswered