

CLAIM NO. \_\_\_\_\_

Please print clearly in BLOCK LETTERS throughout. Answer all questions, selecting the necessary check box as appropriate and indicating Not Applicable if required. Date format is DD/MM/YY.

Branch or Agent to whom premium was paid \_\_\_\_\_

Policy No. \_\_\_\_\_ VAT No. \_\_\_\_\_

**SECTION 1** INSURED DETAILS

Name of insured \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_ Tel No. \_\_\_\_\_

Occupation \_\_\_\_\_ Cell No. \_\_\_\_\_

**SECTION 2** PERSONAL ACCIDENT CLAIM

Name Injured Person \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Description of accident:

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Nature of injury \_\_\_\_\_

Name of Doctor who attended \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Has a similar injury been sustained before?  Yes  No If Yes, when? \_\_\_\_\_

Name of Usual Doctor \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

During what period was the Injured Person totally disabled from attending to any part of his occupation or profession?

From \_\_\_\_\_ to \_\_\_\_\_

**Note:** If total disablement continues, the certificate hereunder is to be completed by the injured person's usual Doctor.

Noting the definition below, please select which of the following is applicable to you:

Politically Exposed Person (PEP)       Related to a Politically Exposed Person (PEP)       Not Applicable

*A **Politically Exposed Person (PEP)** is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. This category also includes immediate family members close personal and professional associates.*

**SECTION 3** MEDICAL CERTIFICATE

Name of Patient \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Date of first attendance for this Injury \_\_\_\_\_



**GOLFER'S INSURANCE CLAIM FORM**

CLAIM NO. \_\_\_\_\_

If there is any history of similar previous injury please give details:

How long is total disablement from usual occupation likely to continue? \_\_\_\_\_

Are there any factors likely to retard recovery?  Yes  No If Yes, please give details:

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Qualifications \_\_\_\_\_

Address \_\_\_\_\_

**SECTION 4** PROPERTY CLAIM

Name of Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Date of Loss or Damage \_\_\_\_\_ Time \_\_\_\_\_ a.m./p.m.

Place of Loss or Damage \_\_\_\_\_

Circumstances of Loss or Damage:

Date advised to Police \_\_\_\_\_ Address of Police Station \_\_\_\_\_

If luggage or money is insured under any other Policy, provide name, address and contact details of insurers:

Noting the definition below, please select which of the following is applicable to you:

- Politically Exposed Person (PEP)       Related to a Politically Exposed Person (PEP)       Not Applicable

*A **Politically Exposed Person (PEP)** is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. This category also includes immediate family members close personal and professional associates.*

**SECTION 5** LIST OF PERSONAL EFFECTS &/OR GOLFING EQUIPMENT LOST OR DAMAGED

No. of articles	Description	When bought	Where bought	Cost paid	Deduct for depreciation	Amount claimed

**SECTION 6 PUBLIC LIABILITY CLAIM**

Date of Accident \_\_\_\_\_ Time of accident \_\_\_\_\_ a.m./p.m.

Place of Accident \_\_\_\_\_

Explain fully how accident occurred

Detail any Person(s) who sustained Injury or Damage to Property:

	Person 1	Person 2	Person 3
Name			
Address			
Nature of Injury or Damage			

Noting the definition below, please select which of the following is applicable to you:

Politically Exposed Person (PEP)       Related to a Politically Exposed Person (PEP)       Not Applicable

*A **Politically Exposed Person (PEP)** is one who has been entrusted with prominent public functions, for example a head of state or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials. This category also includes immediate family members close personal and professional associates.*

Please provide details of any witnesses to the Accident:

	Witness 1	Witness 2	Witness 3
Name			
Address			
Contact No.			

Was the Accident reported to the Police?  Yes  No If Yes, please provide Identity of Officer and/or Station: \_\_\_\_\_

Is there any other insurance indemnifying you in respect of this accident?  Yes  No If Yes, provide:

Name of Insurer \_\_\_\_\_

Address of Insurer \_\_\_\_\_

Has any claim been made against you?  Yes  No If Yes, give details \_\_\_\_\_

**SECTION 7 DECLARATION**

I/We hereby declare that the foregoing particulars provided by me/us are true and correct to the best of my/our knowledge and belief. I am/we are aware that the failure by me/us to provide information that is true and correct to the best of my/our knowledge and belief, or the withholding of information relevant to this claim may result in CG United Insurance Ltd. denying or voiding this claim, or in criminal prosecution and/or civil proceedings being brought against me/us in accordance with relevant Laws.

Date \_\_\_\_\_ Signature of insured \_\_\_\_\_