

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.



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Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG United Insurance Ltd. may process any and all of the personal data provided.
- I consent to CG United Insurance Ltd. processing my personal data, in accordance with CG United Insurance Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG United Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG United Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Date _____ Signature of insured _____