

GOLFER'S INSURANCE CLAIM FORM

- N.B. 1 Part I & III must be completed
 2 Only relevant section in Part II needs to be completed.
 3 The issue of this form is not to be taken as an admission of liability by insurers.

PART 1 – GENERAL PARTICULARS

Club Name		Policy No	
Membership No		NRIC/Passport No	
Member's Name		Telephone	(H) (O)
Present Address			

PART II – DETAILS OF CLAIM

Liability to the Public

Details of accident	
Date, time and place of accident	
Name and address of any persons injured or the owner of the property damaged	
Full details of personal injuries	
Full details of damages to property	
Name and address of witness of accident	

Personal Accident

Date, time and place of accident	
Details of accident	
Nature of injury	

Hole-In-One

Name of Club/place where Hole-in-One achieved	
Date and time of Hole-in-One (Please enclose certificate, original score card and bills)	

Golfing Equipment/Personal Effects

State the circumstances under which the loss/damage took place Please enclose police report (Applicable to Loss claims only)	
When and where was the property last seen by you?	
Date, time and where the loss or damage discovered and by whom?	
Name of persons who witnessed the loss/damage	
Are you the sole owner of the equipment? If not, give name of owner	YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Owner :
Are you claiming under any other insurances? If so, please provide Name of Insurer, Policy Number and the amount claimed.	YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Insurer : Policy # : Amount Claimed:
Have you previously sustained any theft, loss or damage to property? If so, please state particulars.	
If you are also member of other golf clubs, please provide details including Membership No.	

HSBC Insurance (Asia) Limited

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Incorporated in the Hong Kong SAR with limited liability.

Please provide the details of article lost/damaged as follows:

Full description (e.g. brand, type, model, grade & description of shaft etc.) of article	From whom obtained (Name, address & date of purchase)	Net Cost Price	Sum Claimed	Remarks

PART III – DECLARATION

I declare that information given above are true to the best of my knowledge and belief.

Signature :

NRIC No: _____

Date : _____