

**FUTURE GOLFER'S INSURANCE
CLAIM FORM**

Note: The Company does not admit liability by the issuance of this form. Please complete all relevant sections of this form for your claim.

GENERAL INFORMATION

	Policy No
Address	City: State: Pin Code:
Contact	Phone Number: Mobile Number: Occupation: E-mail:
Payee's Name (in the event the claim is payable)	
Do you have any other insurance that will cover this loss? If Yes, please provide details	<input type="checkbox"/> YES <input type="checkbox"/> NO
Membership No	

I. DAMAGE TO GOLFING EQUIPMENT

1. State the circumstances under which the loss/damage took place. Please enclose police report (Applicable to Loss claims only)	
2. When and where was the property last seen by you?	
3. Date, time and where the loss or damage discovered and by whom?	
4. Name of persons who witnessed the loss/damage	
5. Are you the sole owner of the equipment? If not, give name of owner	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Owner:
6. Are you claiming under any other insurance? if so, please provide Name of insurer, Policy Number and the amount claimed	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Insurer: Policy Number: Amount Claimed:
7. Have you previously sustained any theft, loss or damage to property? if so, please state particulars.	

II. THEFT OF GOLFING EQUIPMENT

1. State the circumstances under which the theft took place. Please enclose police report (Applicable to Loss claims only)	
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2. When and where was the property last seen by you?	
3. Date, time and where the theft was discovered and by whom?	
4. Are you claiming under any other insurance? If so, please provide Name of Insurer, Policy Number and the amount claimed.	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Insurer: Policy Number: Amount Claimed:
5. Have you previously sustained any theft, loss or damage to property? If so, please state particulars.	
6. Was the loss reported to the police or relevant authorities managing the place eg airport authorities, club management, shopping mall etc? If yes, please attach a copy of report	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. What steps have you taken to recover the lost article(s)?	
8. Do you have any suspect in mind? If Yes, please provide name:	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please fill up in case of claims under Section I & II:

Describe items lost damaged	Where & When Purchased?	Original Purchase Price	Deduction for Wear & Tear	Amount Claimed

Please attach all original bills and receipts. Please attach additional listing if space is insufficient

III. Public Liability (Please do not admit liability to third parties.)

1. Details of accident	
2. Date, time and place of accident	
3. Name and address of any persons injured or the owner of the property damaged	
4. Full details of personal injuries	

5. Full details of damages to property	
6. Name and address of witness of accident	

IV. PERSONAL ACCIDENT FOR INSURED

1. Date, time and place of accident	
2. Details of accident	
3. Nature of injury	
V. PERSONAL ACCIDENT FOR CADDY	
1. Date, time and place of accident	
2. Details of accident	
3. Please give medical advice or treatment undertaken, and the Doctors certificates in original, if possible	
4. Death certificate /Postmortem report (if required)	
VI. HOSPITALIZATION COVER	
1. Nature of disease/illness contracted or injury suffered or complete diagnosis	
2. Date of accident reported	
3. Past history of disease/ Illness with duration of disease/Illness (if any)	
4.	a. Name and address of attending medical practitioner
	b. Qualification/Degree
	c. Registration no
	d. Contact No
5.	a. Name and address of Hospital/ Nursing Home/ Clinic (where patient hospitalized or treatment taken)
	b. Registration no of the Hospital

c. Date of admission	
d. Date of discharge	
6. Schedule of expenses incurred by the claimant under hospitalization (To be supported by original bills/receipts, cash memos, etc)	

7. Expenses incurred in the hospital (Rs.)	
8. Total Hospitalization Benefit	

VII. DENTAL COVER

1. Name of the Hospital where treatment was given	
2. Address of the Hospital where treatment was given	
3. Name of the Treating Doctor	
4. Details of illness/allment	
5. Date of Onset of illness/ disease/allment	
6. If the illness/disease/ailment is pre-existing/ aggravated due to pre-existing condition, mention the details	
7. Treatment Date	From DD/MM/YY to DD/MM/YY
8. Treatment Details	

VIII. ACCIDENTAL PROPERTY DAMAGE

1. Date of Incident	
2. Time Occurred	
3. Place Incident occurred	
4. Names and contact of persons who witnessed Incident	
5. Detailed Description of Incident	

IX. HOLE IN ONE

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

X. REIMBURSEMENT OF SUBSCRIPTIONS AND PRE-PAID FEES

1. Name of Club/place where subscription fees are paid

2. Please enclose certificate and bills of the subscription

Important Notice: The insured person must, in the event of a claim, advise the company as to any insurance that they may have covering the same risk.

Declaration: hereby declare and warrant that all the answers given above to be true. I accept that insurers would be at liberty to deny liability in part or in full if the above written answers are false or Inaccurate in any aspect.

Signature: _____

Date: _____

Name: _____

Section 41 of the insurance Act 1938 (4 of 1938) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer