

Important Notice

The acceptance of this form is NOT an admission of liability on the part of Atlantic, All documentary proof or report required by Atlantic shall be furnished at the expense of the Policyholder or Claimant. The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of the an incomplete form or insufficient information or supporting documents may delay the processing or result in denial of your claim.

Policy No.	Policy Period	Claim No.
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Personal Particulars of Policyholders

Name of Policyholder	
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Personal Particulars of Claimant

Name of Claimant	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Residential Address	Occupation	
Contact No. (O) (H) (Hp)	Email	

Details of Occurrence

1. Date & Time of Occurrence	2. Place of Occurrence
3. Describe circumstances in detail	
4. Name & Contact No. of person who witnessed this occurrence	
5. Is there any other insurance covering this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state Name of Insurance Company, policy number and amount recoverable.	

Type of Claim

Please tick off the items which you are attaching for this claim.
A. <input type="checkbox"/> Personal Accident/Medical Expenses
1. Nature of injury
2. Did these injuries result in permanent disability? If Yes, please state the details <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Amount claimed
Supporting documents required (or attached):
<input type="checkbox"/> Original medical bills <input type="checkbox"/> Medical report or discharge summary on onset date, cause, extent of permanent disability (if applicable) and nature of injury <input type="checkbox"/> Police report/letter from golf club confirming the incident <input type="checkbox"/> Death certificate, autopsy report and coroner's findings (death claim) <input type="checkbox"/> Proof of relationship between deceased and claimant (death claim)

B. <input type="checkbox"/> Golfing Equipment & Personal Effects					
Description of lost/damaged property (Brand, Make & Model)	Date & Place of Purchase	Purchase Price	Purchase Receipt (Yes/No)	Cost of repair or replacement	Amount Claim (\$\$)

1. When and by who was loss/damage discovered?	2. To describe the extent of damage
3. Date and Time the item(s) was last seen	4. By who and where was the item(s) last seen?

5. If a police report was made, please provide the report and state Name of Police Station and Report No.

6. What steps have taken to recover the lost item(s)?

C. Hole-In-One Achievement

Date of achievement	Golf course at which Hole-in-One was achieved	Amount claimed
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Supporting documents required (or attached):

Letter from golf club certifying the achievement A copy of Hole-In-One certificate Original entertainment bills / receipts

D. Liability To The Public

1. When were you first notified of the incident?

2. if anyone has been injured, please furnish:

a) Name, NRIC number and Address of injured person : _____

b) Details of Nature of Injury / Extent of Damage : _____

3. Has any intimation of claim been made against you? If so, by whom?

Note: No payment, offer or promise of any payment or admission of liability should be made. All letters from third parties should be forwarded to us immediately upon receipt.

Supporting documents required (or attached):

Letter from golf club confirming the incident

Letters, writ of summons from third party with supporting documents if any (eg. Invoices of items, quotation for repair)

Declaration and Authorisation

I, the undersigned hereby declare that all the foregoing particulars given by me are true and correct. I agree that the Policy shall be void and I shall forfeit all rights to recover if I have made or were to make any false or fraudulent statements, or withhold material facts whatsoever in respect of this claim.

Date _____

I hereby consent Atlantic to obtain medical information from hospitals, physicians and any other person I have consulted and I authorise the giving of such information. I also agree that the photocopy of this form is as valid as the original.

Signature of Claimant : _____ Date: _____