

Liability Claim Form

Personal Details

Full Name:

GOLFPLAN Policy Number:

Occupation (including part-time):

Postal Address:

Daytime Telephone Number/E-Mail:

Loss or Damage

Address where accident occurred:

Date and Time of Incident:

Please provide the name and address of your household insurers, policy number and details of any other insurance policies that might cover this loss.

Have you had any previous losses under this or other similar insurance policies? If so, please give details.

Please provide the name and address of the owner of the damaged property or injured person(s).

Please provide names and addresses of any witnesses.

