

## Golfer's insurance claim form

### Important notice

- If we accept this form, this does not mean we are taking legal responsibility for your claim.
- If we ask for any documents as proof or a report, you will have to pay the costs involved in providing them.
- To avoid delay in processing your claim, please send your completed claim form, together with the supporting documents, within 30 days from the date of the event.
- Please do not leave any answer blank. Write 'none' or 'NA' where relevant.

<b>Policy number:</b>	
<b>Claim number:</b> (For official use)	

### Personal details of policyholder

Name (as shown in NRIC, FIN or Passport)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth (dd/mm/yyyy)
Home address		Occupation	Nationality
Contact number (Office)	(Home)	(Handphone)	Email

Note: For death claim, to fill in the details of the person filing the claim under the policyholder.

### Personal details of insured (No need to fill this in if the information is the same as above.)

Name (as shown in NRIC, FIN or Passport)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC, FIN or Passport number	Date of birth (dd/mm/yyyy)
Residential address		Occupation	Nationality
Contact number (Office)	(Home)	(Handphone)	Email

### Payee's details

Please tick  the claim payment mode.

For payment by direct transfer into **Policyholder's bank account**. Please provide supporting documents such as bank statement for verification of payee details.

Full name (as shown in the bank account)	Nationality	Name of Bank	Bank Account Number
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For payment by PayNow (registered with **NRIC No. only**)

### Details of occurrence

1. Date & time of occurrence	2. Place of occurrence
3. Describe circumstances in detail	
4. Name & contact number of person who witnessed this occurrence	
5. Is there any other insurance covering this incident? If Yes, please state name of insurance company, policy number and amount recoverable. <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	

### Type of claim

Please tick off the items which you are attaching for this claim. We may ask for more documents to assess this claim.

**A.**  **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):**

- Original medical bills
- Medical report or discharge summary on onset date, cause, extent of permanent disability (if applicable) and nature of injury
- Police report/letter from golf club confirming the incident
- Death certificate, autopsy report and coroner's findings (death claim)
- Proof of relationship between deceased and claimant (death claim)

**B.  Golfing equipment & personal Effects**

Description of lost or damaged property (Brand, Make & Model)	Date & place of purchase	Purchase price	Purchase receipt (Yes/No)	Cost of repair or replacement	Amount claim (S\$)
1. When and by whom was loss or damage discovered?			2. To describe the extent of damage		
3. Date and time the item(s) was last seen			4. By whom 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 number.					

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

**Supporting documents required (or attached):**

- Police report/investigation results/incident report/Letter from golf club confirming the loss or damage
- Colour photographs of damaged property and location
- Assessment report from repairer on the cause and extent of the damaged item(s)
- At least 2 quotations of repair or replacement of the lost or damaged item(s)
- Original invoice/purchase receipt of lost or damaged item(s)
- Original repair/replacement invoices/receipts

Please DO NOT dispose off the damaged item until we have settled your claim, in the event that we need to inspect/verify the damages.

**C.  Hole-in-One achievement**

Date of achievement	Golf course at which Hole-in-One was achieved	Amount claimed

**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)

## Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to NTUC Income Insurance Co-operative Limited ("Income"), its representatives, agents, relevant third parties, Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") (referred to in Income's Privacy Policy at <http://www.income.com.sg/privacy-policy>) to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided and any future updates, (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, providing me/us with financial advice and/or recommendation on products and services, managing my/our relationship and policies with Income including sending me/us corporate communications and notices on updates and servicing, research and data analytics, and in the manner and for the purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of my family, employee, payee/payer or beneficiary) is provided by me/us or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, disclosure and use of their personal data; and
- I am/we are authorised to give any authorisation, approval and consent on their behalf to collect, use or disclose, their personal data,

for the purposes as set out in this Personal Data Use Statement.

For the purpose of this application and any claim in connection with my/our policy(ies) with Income, I/we also authorise, agree and consent to (whether this application or transaction is accepted or refused) the following:

- a) The medical source, insurance office, reinsurer, or organisation to release to Income any medical or relevant information to do with me or the insured;
- b) Income to collect from and/or disclose to any medical source, insurance office, reinsurer, or organisation any medical or relevant information to do with me or the insured; and
- c) Income or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests for Income to underwrite and evaluate me or the insured health status or condition in relation to this application and any claim in connection with my/our policy(ies) with Income.

When submitting a claim for an insurance policy, I/we consent and agree that the personal data will also include any subsequent information collected on health or any information that is necessary for Income to decide whether to pay the claim, such as test results, medical examination results, and health records from medical sources such as medical examiners or laboratories.

I/We authorise, consent and agree to the following:

- Income Parties to collect from and/or disclose to the group policyholder, the personal data for all the relevant purposes listed above and in Income's Privacy Policy including to respond to enquiries from the group policyholder for the purposes of this application and policy servicing matters, including confirmation of eligibility for the cover; and
- The group policyholder to disclose the personal data to Income Parties for all the relevant purposes listed above and in Income's Privacy Policy.

Please refer to Income's Privacy Policy for more information, including access and correction of my personal data and consent withdrawal.

## Declaration and authorisation

I certify that the information in this form is true and complete and I have not withheld any material information.

I confirm that I understand and agree to the collection, use and disclosure of my personal data as stated in the 'Personal Data Use Statement'(PDUS) above.

For the purposes of policy administration including processing and investigating this claim, and deciding whether Income is to insure or continue to insure me for my insurance applications or policies,

- a. I authorise any person or organisation who has relevant information pertaining to this claim, including any medical practitioner, health care provider or institution, insurance company, and investigative agencies, to release and exchange such information (including personal health information) requested by Income and/or its claims service providers.
- b. I authorise Income and its claims service providers to collect, use, disclose and to exchange with the persons or organisations listed above any information (including personal health information).
- c. I am authorised to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

I confirm that all documents submitted to Income including bills and invoices are copy of the original documents and I am aware that I am required to retain all original documents for a period of 6 months from claim submission date for verification by Income when required. I am aware that Income may reject my claim should it discover that the document(s) that I have submitted is not a copy of the original document(s).

I confirm that I have paid in full all the bill(s)/invoice(s) that I have submitted to Income for reimbursement and I have not made any claim and will not make any claim from any other source for the same bill(s)/invoice(s). If I have made a claim from other source, I agree that I will provide a copy of the settlement agreement between me and such other source. I am aware that Income will not reimburse me if I have received a full reimbursement from any other source. If I do not receive full reimbursement from other source, I am aware and understand that Income will only reimburse me the balance of the bill/invoice that has not been paid to me by other source. In the event Income has made a reimbursement to me and I have claimed from other sources and be reimbursed for more than what I incurred in total, I agree that Income has the right to recover any payment made by Income to me.

I agree that a photocopy or electronic version of this authorisation shall be as valid as the original.

Name of policyholder: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (dd/mm/yyyy) : \_\_\_\_\_

Date (dd/mm/yyyy) : \_\_\_\_\_

## Claim submission instruction

**You may email the completed claim form and supporting documents to [plineclaims@income.com.sg](mailto:plineclaims@income.com.sg). Please be reminded to keep the original copy of the supporting documents for 6 months as we may request for them on case by case basis prior to settlement of the claim.**