

## 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 filled-in 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	
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	
Contact number (Office) (Home) (Handphone)		Email	

### 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. <input type="checkbox"/> <b>Golfing equipment &amp; personal Effects</b>					
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)?					
<b>Supporting documents required</b> (or attached): <ul style="list-style-type: none"> <li><input type="checkbox"/> Police report/investigation results/incident report/Letter from golf club confirming the loss or damage</li> <li><input type="checkbox"/> Colour photographs of damaged property and location</li> <li><input type="checkbox"/> Assessment report from repairer on the cause and extent of the damaged item(s)</li> <li><input type="checkbox"/> At least 2 quotations of repair or replacement of the lost or damaged item(s)</li> <li><input type="checkbox"/> Original invoice/purchase receipt of lost or damaged item(s)</li> <li><input type="checkbox"/> Original repair/replacement invoices/receipts</li> </ul> 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. <input type="checkbox"/> <b>Hole-in-One achievement</b>					
Date of achievement	Golf course at which Hole-in-One was achieved			Amount claimed	
<b>Supporting documents required</b> (or attached): <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from golf club certifying the achievement</li> <li><input type="checkbox"/> A copy of Hole-in-One certificate</li> <li><input type="checkbox"/> Original entertainment bills/receipts</li> </ul>					
D. <input type="checkbox"/> <b>Liability to the public</b>					
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?					
<b>Note:</b> 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.					
<b>Supporting documents required</b> (or attached): <ul style="list-style-type: none"> <li><input type="checkbox"/> Letter from golf club confirming the incident</li> <li><input type="checkbox"/> Letters, writ of summons from third party with supporting documents if any (eg. Invoices of items, quotation for repair)</li> </ul>					

### Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

#### 1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;

- (c) communicate on purposes relating to an application or policy;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (f) provide financial advice for product recommendation based on your financial needs analysis;
- (g) provide ongoing services and respond to your inquiries or instructions;
- (h) make or obtain payments;
- (i) investigate and settle claims;
- (j) recover any debt owed to us;
- (k) detect and prevent fraud, unlawful or improper activities;
- (l) conduct research and statistical analysis;
- (m) coach employees and monitor for quality assurance;
- (n) reinsure risks and for reinsurance administration;
- (o) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (p) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

**2. Disclosure of personal data**

We may disclose personal data belonging to you or your insured persons for the purposes set out in Section 1 to these parties:

- (a) your insurance agents, insurance broker, association, employer or group policyholder;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

**3. Consequence of withdrawing consent to the collection, use and disclosure of personal data**

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us. But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

**4. Access and correction rights**

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

You may make your request to withdraw your consent, access or correct your personal data by writing to:

The Data Protection Officer, Income Centre, 75 Bras Basah Road, Singapore 189557. Alternatively, you can email to: [DPO@income.com.sg](mailto:DPO@income.com.sg)

**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 'Personal data collection statement'.

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 authorize any person or organization 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 authorize Income and its claims service providers to collect, use, disclose and to exchange with the persons or organizations listed above any information (including personal health information).
- c. I am authorized to disclose information (including personal health information) about the insured person if this claim is made on behalf of them.

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

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

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

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

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

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

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

**Before sending this to us, please make sure you have filled in all the relevant sections related to your claim in full and you have attached the documents we have asked for together with the form. We will process your claim when we receive the full supporting documents. Please send the claim documents to any of our branches. Or, you can give them to your insurance agent, or post them to : Property & Casualty Claims, Income, PO Box 0132, Singapore 911802.**