



Golfshield Club Fees Claim Guidance Notes

Please complete and return the claim form to us, together with your supporting documentation as appropriate.

Please note we cannot commence dealing with a claim until we are in receipt of ALL the necessary documentation. This claim form should be returned to us **within 30 days** of issue together with the appropriate documentation outlined in the following notes, otherwise the file **will be closed**. Not receiving all of the information required, will delay the handling of your claim.

Dependent upon the circumstances of the claim the underwriters reserve the right to request any additional documentation or information in addition to that detailed here, in order to verify a claim.

JLT | Online, will be responsible for handling your claim with the authority of your insurers, and in respect of all aspects of the assessment and processing of your claim, we will be acting at all times on the insurers behalf.

Please note the information contained in this document is for guidance only and does not indicate acceptance of a claim. The contents do not form part of the contract of insurance.

Contact details

Claims hotline: 02476 851050
Claims fax: 02476 851055
Claims email: claims@jltonline.co.uk

Address

JLT | Online Claims Department
Pavilion House
Mercia Business Village
Westwood Business Park
Coventry
CV4 8HX

Claims department opening hours: 9.00am to 5.30pm (Monday to Friday)

Important notice for customers who pay by Direct Debit:

Do not cancel your direct debit. Not paying your premium could affect your claim and future cover.

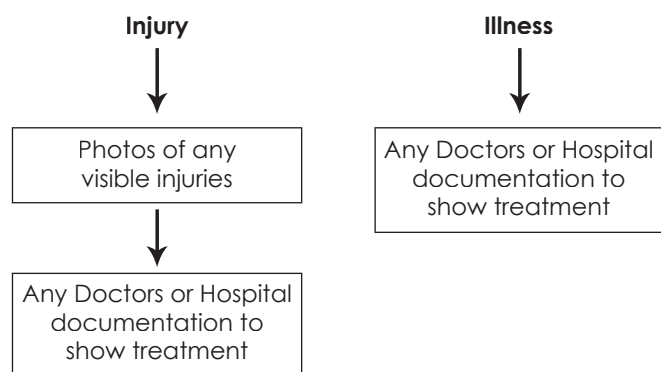
What you need to send us

For **all Golf club fees claims** - make sure you have enclosed the following:

- Completed claim form
- Details of previous insurers
- Details of previous claims/ incidents
- Please provide copies of proof of ID e.g. passport, driving licence
- Evidence of your payment of club fees
- Please provide copies of verification of address e.g. utility bill, bank/ credit card statement with account number details blanked out

In addition - where applicable

For:



golfshield[®] Club Fees Claim Form

Office use only

Policy no _____

Claim ref _____

Issue date _____

PLEASE READ THE GUIDANCE NOTES PROVIDED BEFORE COMPLETING THIS CLAIM FORM

Section 1 - Your details

Title: _____

Full name: _____

Sex: Male / Female

Occupation: _____

Home address: _____

Postcode: _____

Insured location (if different): _____

Postcode: _____

Home telephone: _____

Work telephone: _____

Mobile number: _____

E-mail: _____

Fax number (if available): _____

1. Have you made any golf related claims (whether paid or not) or suffered any events that may have given rise to a claim, within the last three years?

Yes / No

If yes please provide details

2. Have you ever been convicted of any offence involving dishonesty, fraud, arson, or have prosecutions pending?

Yes / No

If yes please provide details

3. Have you had previous insurance other than with JLT | Online / Golfshield for your equipment?

Yes / No

If yes:

Policy number: _____

Name of insurers: _____

Expiry date: _____

Contact details: _____

If no:

what prompted you to take out cover?

Section 2 - Accident details (complete if applicable)

4. Date of incident (dd/mm/yy): ____ / ____ / _____

5. The time when the incident occurred

Time: _____ am/pm

6. Where did the incident occur?

7. State exactly how the incident occurred?

8. Was someone else responsible for the incident?

Yes / No

If yes please give contact details and explain why they were responsible

Name : _____

Contact details: _____

How were they responsible?

9. Were there any witnesses to the incident?

Yes / No

If yes please provide contact details:

Name : _____

Contact details: _____

10. Were you injured in the incident?

Yes / No

If yes please give details of your injuries

11. Has a Doctor examined you?

Yes / No

If yes please provide contact details:

Doctor : _____

Contact details: _____

12. When were you first examined by your doctor?

Date (dd/mm/yy): ____ / ____ / _____

13. Has your Doctor indicated how long your injuries are likely to affect you?

Yes / No

If yes please provide details

14. If your claim is for an accident was the incident reported to the Police?

Yes / No

If yes please complete section 4

Section 3 - Illness details (complete if applicable)

15. What illness are you suffering from?

16. Date you first experienced symptoms of the illness

Date (dd/mm/yy): ____ / ____ / _____

17. Has a Doctor diagnosed your illness?

Yes / No

If yes please provide contact details:

Doctor : _____

Contact details: _____

18. When did your Doctor first diagnose your illness?

Date (dd/mm/yy): ____ / ____ / _____

19. Have you suffered from the same or related illnesses prior to your current illness?

Yes / No

If yes please provide details

20. Has your Doctor indicated how long your illness is likely to continue?

Yes / No

If yes please provide details

Section 4 - Police Information (complete if applicable)**21.** Date & time the incident was reported to the police:

Time: _____ am/pm Date: ____ / ____ / _____

22. How was the incident reported?By phone Online In person **23.** Address of the police station where the incident was reported: _____

24. Telephone number of the police station where the incident was reported:

25. Crime reference number given by the police:

26. Did the police attend the scene of the crime?

Yes / No

27. If the police were not advised immediately the incident was discovered please confirm the reason for any delay: _____

Section 5 - Claim details

Total value of your claim as estimated by you: £

Golf Club	Membership period	Membership fees

Additional information**DECLARATION**

I/we declare that the information provided in this claim form is true to the best of my belief and knowledge. I/we have not withheld any information within my/our knowledge connected with this claim. I/We accept that if I/We exaggerate any part of this claim, or make any false declaration or statement, I/We shall not be entitled to receive any benefit under this policy in respect of this claim. Furthermore, I/We accept that any such action on My/Our part may render Me/Us liable to prosecution. I/We further agree to provide any further information or documentation as may be reasonably required. I/We understand that you may seek information from other insurers to check answers that I/We have provided.

Signed by the policyholder(s):**Dated:**

IMPORTANT NOTICE: Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims Underwriting Exchange register operated by Insurance Datatype Services Ltd. A list of participants is available upon request. The information you supply on this form, together with the information you have supplied on your insurance and any other information related to the claim, will be supplied to participants.

Please return this form to: JLT | Online Claims Dept, Pavilion House, Mercia Business Village, Westwood Business Park, Coventry, CV4 8HX