



Golfshield Hole In One Claim Guidance Notes

Please complete and return the claim form to us, together with your supporting documentation as appropriate. You should not make any attempt at replacement or repair, without our written authorisation. Any receipts, estimates, photographs or valuations should be obtained at your own expense.

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 Hole In One Claims** - make sure you have enclosed the following:

- Completed claim form
- Original receipts for drinks purchase
- Details of previous insurers
- Details of previous claims/ incidents
- Details of any witnesses
- Please provide copies of proof of ID e.g. passport, driving licence
- Please provide copies of verification of address e.g. utility bill, bank/ credit card statement with account number details blanked out
- Your score card
- Signed and validated confirmation from the club or course secretary

golfshield[®] Hole In One 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

Section 2 - Event details

3. Date of event (dd/mm/yy): ____ / ____ / _____
4. Time of event (dd/mm/yy): ____ / ____ / _____
5. Where did the event take place?
 Course: _____

 Hole number: _____
6. Was the hole in one completed during a competition?
 Yes / No
 If yes please provide details

7. Was the hole in one validated by the course or club secretary?
 Yes / No
 If yes please provide contact details
Name: _____
Contact details: _____

8. Were there any witnesses to the hole in one?
 Yes / No
 If yes please provide contact details
Name: _____
Contact details: _____

Section 3 - Claim details

Total value of the claim: £

Place of drinks purchase	Price of purchase	Date of purchase

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