

Hole in One Claim Form

Personal Details

Full Name:

GOLFPLAN Policy Number:

Occupation (including part-time):

Postal Address:

Daytime Telephone Number/E-Mail:

Hole in One

Club and hole where Hole in One achieved:

Date and type of Competition/Match:

Details of expenditure resulting from Hole in One **(you must attach a copy of the correctly verified scorecard and club house receipts etc to support your claim):**

Please provide details of any other insurance policies which might cover this loss:

It is necessary that great care should be taken in the completion of this form and the information you give should be strictly accurate.

Persons found to have lodged a fraudulent claim are liable for prosecution.

The issue and acceptance of this form does not constitute an admission of liability by Underwriters

I/We declare that the above statement and facts are to the best of my/our knowledge true, and that I/We have not withheld from the Company any information within my/our knowledge connected with this claim.

Signature of Claimant:

Dated:

Forward to: INSERVIS MVC s.r.o., Türkova 2319/5b, 149 00 Praha 4, fax +420 241 482 028, email mvc@inservis.com