



It Pays!

REAL INSURANCE COMPANY LIMITED

P O Box 40001 – 00100, GPO, Nairobi

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GOLFERS' CLAIM FORM

Name of Insured _____

Address _____ Phone No. _____

Occupation of the Injured person _____ Age _____

Date of Accident _____ Time _____ a.m/pm Place _____

QUESTIONS	ANSWERS BY OR ON BEHALF OF THE INJURED PERSON
1. How did the accident happen?	
2. What were you doing at the time?	
3. What injuries have you sustained?	
4. Medical expenses incurred, (please attach original receipts, if any:- 1. Insured 2. Caddies	1. 2.
5. Damage to the equipment?	
6. Third Party Liabilities?	
7. Hole-In-One	

I WARRANT that the above statements and particulars are correct and complete

Date _____ Name _____

Signature _____

This form should be completed and returned within seven days.