

Accident Report / Claim Payment Order of Golfer Insurance

We send here with our claim note for captioned and shall much appreciate your kind settlement as soon as possible.

- Policy Number (証券番号)
- Insured Period (保険期間)
- Insured Name (契約者・被保険者名)
- Date and Place of Accident (契約者・被保険者名)
Date (日時) Place (場所)
- In case of loss / damage to Golf Equipment (ゴルフ用品の損害)
Type of loss (事故形態) Theft Breakage
Situation (事故状況)
- Detail of golf equipment (ゴルフ用品の詳細)
Maker (メーカー名)
Model (モデル名)
Type of club (クラブのタイプ) Wood Iron
Number (番手)
Date of purchase (購入年月日)
Purchase value (購入金額)
- Settlement (損害処理方法) Repair Total Loss
- Claim Amount (請求金額)
- In case of "Hole In One" (ホールインワンの場合)
Which Hole (ホール番号)
Claim Amount (請求金額)
- In case of loss/ damage to Third Party (第三者に対する損害)
Type of loss (事故形態) Property Damage Bodily Injury
Situation (事故状況)

10. Property Damage (対物事故)

Damaged property (財物名)

Liability Amount (賠償金額)

11. Bodily Injury (対人事故)

Name of Victim (被害者名)

Address of Victim (被害者連絡先)

Liability Amount (賠償金額)

12. In case of personal accident (ご自身の身体傷害事故)

Situation (被害者名)

Name of Hospital (病院名)

Claim Amount (請求金額)

13. Bank Account Of Insured (保険金振り込み口座名)

Name of Bank

Type of Account

Account Number

Name of Account

Yours Faithfully,

Date (日付)

Signature (署名)

PLEASE ATTACH UNDER-MENTIONED WITH THIS FORM AND SEND IT BACK.

- Certificate from the Golf Club. (ゴルフクラブの発行する証明書)
- Receipt of the repair cost (修理した場合の領収書)
- Evidence (if any) of purchase value of the damaged golf equipment.
(受損したゴルフ用品の購入額を証明する書類。なければ結構です)
- Receipt of the medication cost at hospital. (入・通院費用の領収書)