

# Hole in One Claim Form

Personal Details	
Full Name:	
Membership Number:	
Occupation (including part-time):	
Postal Address:	
Daytime Telephone Number:	
Email:	
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.

<b>Signature of Claimant:</b>		<b>Date:</b>	
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Forward to: Woodgate & Clark Ltd  
42 Kings Hill Avenue, Kings Hill,  
West Malling Kent ME19 4AJ

**WE MUST RECEIVE THE COMPLETED CLAIM FORM WITHIN 28 DAYS OF THE EVENT**