



Fairway Golfers Claim Form

Loss or Damage

www.ccvs1.co.uk

Please complete the following in all instances:

Consent to act: I/we understand that in handling this claim, CCV Underwriting Sports and Leisure (a trading name of CCV Risk Solutions Ltd) will act on behalf of the insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis.

Please return this form to:

CCV Underwriting Sports and Leisure, Towergate House, St Edward's Court, London Road, Romford, Essex RM7 9QD.

Please do not leave any blank spaces, although N/A may be inserted where appropriate.

Policy Holders Details

POLICY No.

Name of Insured

Address

Postcode

Telephone No.

Renewal Date

Occupation or Profession

Business Address

Postcode

Business Tel.

Loss or Damage

Date of Incident

Time

am/pm

Details of where incident occurred

Give FULL description of the incident

Name and address of any witness(es)

Postcode

Name and address of Club Secretary (inc. telephone number)

Tel No.

Postcode

Name and address of Police Station informed of loss

Postcode

Telephone No.

Crime Report No.

Make and model of car

Details of damage to car

Equipment/Clothing Details

Club/Bag	Make	Purchase Date	Cost when NEW
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Waterproofs/Shoes etc Item	Make	Purchase Date	Cost when NEW
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Golf Buggy Make	Chassis No.	Purchase Date	Cost when NEW
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address where stored

Postcode

Is Buggy contained in a locked garage or Building overnight? Yes No
If not Please advise where kept?

Total Claim £

NB THE ACCOUNT FOR COST OF REPAIRS SHOULD ACCOMPANY THIS FORM IF POSSIBLE. ORIGINAL RECEIPTS AND REPLACEMENT ESTIMATES WILL BE REQUIRED BEFORE ANY CLAIM IS DEALT WITH

Declaration

In respect of the claim made, I hereby declare that the above particulars are true to the best of my belief, in every respect

Signature

Date

CCV Underwriting Sports & Leisure

Towergate House, St Edwards Court, London Road, Romford, Essex RM7 9QD
Telephone: 01708 777 750 | Fax: 01708 777 751 | Email: sportsleisure@ccventures.co.uk | www.ccvsl.co.uk
CCV Underwriting Sports and Leisure is a trading name of CCV Risk Solutions Limited
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