

GOLF CANADA INCIDENT COVERAGE LOSS FORM

In order for a claim to be processed, the Member must, within **ninety (90) days** of the Date of Loss, report the loss online **email:** claimsproportario@intact.net phone 1-866-464-2424
Please attach all relevant documents to this Form.

PART A – MEMBER INFORMATION

Member Number: _____

Member's Name: _____

Telephone (Cell): _____ (Home): _____ (Bus.): _____

Member's Email Address: : _____

PART B – TYPE OF REIMBURSEMENT

- ☐ DEDUCTIBLE COVERAGE
- ☐ GOLF CLUB OR EQUIPMENT COVERAGE
- ☐ GOLF CART COVERAGE
- ☐ WINDOW COVERAGE
- ☐ TRANSIT COVERAGE

PART C – DETAILS OF LOSS/OCCURRENCE

Date of Loss: _____ ☐ am ☐ pm
Month Day Year Time

Location: _____

City/Town Prov./State Country

Description of Loss: _____

Description of Golf Clubs or Equipment (if applicable) _____

Police (if applicable)

Investigating Police Department: _____ Police Occurrence #: _____

Investigating Officer's Name: _____ Badge #: _____

Proof of Purchase (if applicable)

Date of Purchase: _____

Month Day Year

Store Purchased: _____ Method of Purchase: _____

*Golf Canada Incident Policy underwritten by Intact Insurance and offered by BFL CANADA.