



# Golf Allianze

Your One Stop Golf Handicap Maintenance Centre



Associate Member of Singapore Golf Association (SGA)

Ref: \_\_\_\_\_  
 New Application     Upgrade  
 Transfer In         Renewal

## Application for Golfer's Insurance with Club GOLF ALLIANZE

Name as in (NRIC/BC/FIN/PP) \_\_\_\_\_ NRIC/BC/FIN/Passport No: \_\_\_\_\_

Nationality: Singaporean/ \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Email: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Please indicate (v) accordingly and fill in the necessary blanks.

Membership Timeline:	1	Mt	Yr	D	Mt	Yr
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<p><b>Income</b> <sup>ntuc</sup> <b>Golfer's Insurance</b> (Please select your Preference)</p> <p><input type="checkbox"/> <b>Itemised Golfer's Insurance</b> (For a Limited Period Only)</p> <p>_____</p> <p><input type="checkbox"/> <b>Annual Term Golfer's Insurance</b> (Follows M'ship Timeline)</p> <p>_____</p>	<p><b>Additional Service Required:</b></p> <p><input type="checkbox"/> Reprint Membership Card</p> <p><input type="checkbox"/> Endorsement Letter</p> <p><input type="checkbox"/> M'ship Card &amp; Letter</p>	<p><b>Send Membership Card/ Letter to:</b></p> <p><input type="checkbox"/> Mailing Address</p> <p><input type="checkbox"/> Golf Club/ Academy</p> <p><input type="checkbox"/> Self Collection</p> <p><input type="checkbox"/> Others: _____</p>
<p><b>Existing Golf Allianze Membership Type</b></p> <p><input type="checkbox"/> <b>(Platinum Lite Card)</b> - PC (Proficiency Certificate)</p> <p><input type="checkbox"/> <b>(Platinum Card)</b> - USGA Handicap Maintenance</p> <p><input type="checkbox"/> <b>(Gold Card)</b> Social-Non Golfing/ Golfing – HCP at other Home Club</p> <p><b>Current Age Group Type:</b></p> <p><input type="radio"/> Junior (6 - 20 yrs) <input type="radio"/> Adult (21- 54 yrs) <input type="radio"/> Senior (55 yrs &amp; Above)</p>	<p><b>Mode of Payment:</b></p> <p><input type="checkbox"/> Cash    <input type="checkbox"/> Credit Card</p> <p><input type="checkbox"/> Cheque    <input type="checkbox"/> Nets</p> <p><b>Pay to: Golf Allianze Pte Ltd</b></p> <p>_____</p> <p>_____</p>	<p><b>Insurance Term/ Duration:</b></p> <p><input type="checkbox"/> _____ <input type="checkbox"/> Year/ Years</p> <p>Golfer's Insurance: S\$ _____</p> <p>Reprint M'ship Card: S\$ _____</p> <p><b>Total Amount: S\$</b> _____</p> <p>Remarks: _____</p>

### Terms and Conditions:

**1.** All applications which are incomplete due to insufficient data or lack of required materials will not be processed. Lead Time is 7 working days. **2.** This application shall be accompanied by a full payment of the Golfer's Insurance Fees. No refund of the Insurance Fees will be made upon acceptance of this Application. **3.** Please note that Golf Allianze does not sell Insurance Policies. This Application entitles the Applicant to be adequately insured based on their current Membership with Club Golf Allianze; Members are covered under a group Insurance Underwritten by NTUC Income. **4.** By signing up for any products or services offered by us, you are deemed to have agreed & consented to the use of Personal Data for the purpose of receiving membership updates or interaction with us. **5.** All Applicants upon acceptance of the Membership are governed by the Bye Laws of the Club stated in the Constitution. Applicants are kindly advised to read and understand the Bye Laws, Constitutions, Terms & Conditions stated in our Website, prior to the submission of this application. **6.** Validity Period for Promotions offering Discounts, Loyalty Programs, Member's Benefits & Privileges are subject to changes without prior notice. **7.** Members shall receive updates at [www.golfallianze.com](http://www.golfallianze.com) **8.** Validity Period for the Golfer's Insurance Coverage under Club Golf Allianze will be based on either a Limited Durational Period or on an Annual Basis. Therefore the Membership and Golfers Insurance will become invalid upon the completion of the Validity Period. **9.** Members shall have no recourse against Golf Allianze Pte Ltd, its Management, Managing Agents, Committee Members, Officers & Teaching Professionals including all participating Golf Clubs, Academies, Eateries, Retail Outlets/ other Affiliates & Associates in alliance. **Details of Coverage & Sum Assured:** Public Liability: \$300,000/ Personal Accident: \$50,000/Hole in One: \$500/ Accidental Medical Expenses: \$1,000. Terms & Conditions Apply.

**\*I Certify that I have Agreed & Accepted the Terms & Conditions:** (For Juniors Below 18 Yrs, a Parent/ Guardian is required to Acknowledge)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use:**