



CLAIM FORM – WITNESS STATEMENT

1-866-665-HIOD (1-866-665-4463)

Email Application to: info@hiodirect.com

Fax Application to: (403) 770-4953

Please note, a copy of the **signed scorecard** must accompany this signed statement

Policy Number: _____

TOURNAMENT INFORMATION

Tournament Name: _____

Name of Sponsor: _____ Contact Name: _____

Contact Number: _____ Alternative Contact Number: _____

Golf Course: _____

Date of Event: _____ Hole Number: _____ Yardage: _____ Club Used: _____
(dd/mm/yyyy) *(from tee to pin)*

Number of Participants who played with the Hole-In-One Winner: _____

WITNESS STATEMENT

I witness the winning shot, and noted that _____ *(tournament player's name)* took no practice shots.

I played in the group with the winner: Yes No

Name: _____
(please print clearly)

Current Address: _____

Home Phone Number: _____ Business/Cell Phone Number: _____

Email Address: _____

Brief Description of the Winning Shot:

DECLARATION

I am aware that by signing this form, and/or the accompanying scorecard, I am certifying that the information contained above and submitted to the insurer is accurate and truthful.

Signature of Witness

Date (day/month/year)

GENERAL INFORMATION

Unica Insurance is committed to protecting your privacy and the confidentiality of your personal information. The Privacy Policy may change from time to time. You can view the latest and entire version of this Policy by visiting our website at www.unicainsurance.ca.

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