

FORM A – FOR GOLFING & LADY MEMBERS

Date: _____

GOLFERS' INSURANCE FOR YEAR 2026

OPT-OUT FORM

To opt-out, please complete your particulars below and email to finance@warren.org.sg. Alternatively, you may post it to 81 Choa Chu Kang Way Singapore 688263, attention to Finance Department or submit it at the Golf Reception counter.

Name of Principal member	
Membership No.	
Contact No. and Email Address	
Name of insurance company I am already covered with	

(Please attach a photocopy of your personal insurance coverage, and submit together with this Opt-out form)

I do not wish to be covered under the Club's Golfers' Insurance. Please reverse the premium charged to my account.

I understand that every person playing golf on the Course and Range must be adequately covered by a valid Golfers' Insurance. By submitting this form, I discharge the Club from whatsoever liabilities arising whilst I play or practice golf in the Club's premises.

Thank you.

Signature of Principal member