

ASA - INSURANCE CLAIM

Checklist

The following documents are hereby submitted for the insurance claim of:

Name of Athlete

Province

- | | | |
|----|--|--------------------------|
| 1. | Claim Form | <input type="checkbox"/> |
| 2. | Athletes Banking Details | <input type="checkbox"/> |
| 3. | Race Referees Report (dealing with the incident) | <input type="checkbox"/> |
| 4. | Race Doctors Report on the injury | <input type="checkbox"/> |
| 5. | Hospital/Doctors Report | <input type="checkbox"/> |
| 6. | Copies of Medical Bills | <input type="checkbox"/> |
| 7. | Police Report (in a case where an athlete is knocked down) | <input type="checkbox"/> |
| 8. | Signed Death Certificate (in the case of a death claim) | <input type="checkbox"/> |

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Signature

For Athletics Province

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Date