MUTUAL & FEDERAL
PROTECTING WHAT'S IMPORTANT TO YOU. SINCE 1831

ASA
ATHLETICS SOUTH AFRICA

PERMANENT LICENSED (CLUB ATHLETE) CLAIM FORM

Policy No: 15288676

Athlete's Name:	**Current License No:**
Address:	
	Club Name:
Tel No:	**Province:**
Cell No:	
ID No:	
Email Address:	

Date of Injury:	
Name of Event / Race where injury occurred:	
Brief Description of injury:	
Name & Address of attending Doctor:	
	Telephone No of attending Doctor:

Period of temporary disablement:	**From (Date)**	**To (Date)**
Date normal occupation resumed:		
Has any permanent disablement resulted in this injury? (Plse provide details)	**Yes ( )** **No ( )**	**If yes, please provide details:**

PLEASE ATTACH THE FOLLOWING DOCUMENTATION WITH YOUR CLAIM: - Race Referees Report - Race Doctor's Report - Hospital / Doctors Report - Copy of medical bills - Police Report (in the case where an athlete is knocked down) - Signed Death Certificate (in the case of a death claim) - Bank Details Form	**Claim Amount: R……**

I hereby declare that the above information is true and correct. I further hereby authorize any hospital, physician, or other person who has attended or examined me to furnish to the company or its authorized representatives, all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital and/or medical records. A legible photocopy of this authorization shall be considered as effective and valid as the original.

SIGNATURE OF THE ATHLETE: ……

This claim is invalid if the information contained herein has not been verified by the relevant Provincial Athletics authority, and signed by the appropriate officer.

SIGNATURE OF THE PROVINCIAL ATHLETICS BODY:……