

TEMPORARY LICENSED ATHLETE CLAIM FORM

Policy No: 623403874

RACE INFORMATION:

Race Name:	Temporary License No:
Race Organisers:	
Date of Race:	Official Race No:
Province:	

PERSONAL INFORMATION:

Athlete's Name:	
Address:	
	Province:
	Cell No:
ID No:	Telephone:
Email Address:	

INJURY INFORMATION:

Please write a short detailed description of your injury and how it happened:
Name & Address of attending Doctor:
Telephone No of attending Doctor:

<p>PLEASE ATTACH THE FOLLOWING DOCUMENTATION WITH YOUR CLAIM:</p> <ul style="list-style-type: none"> ➔ Race Referees / 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 	<p>Claim Amount: R.....</p>
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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 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 Race Organiser, and signed by the appropriate officers.

SIGNATURE OF THE PROVINCIAL ATHLETICS BODY:.....

SIGNATURE OF THE RACE ORGANISER:.....