

# 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

.....

Date