



Association Incorporated under Section 21, Reg. No. 2006/034767/08
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05 May 2009

ASA Provincial Members


Dear Colleagues

RE: INSURANCE POLICY FOR ATHLETES

1. The implementation of the insurance scheme for temporary licensed athletes as announced at the AGM is hereby postponed until further notice. Further investigation and consultation will be done with a possible implementation date of 1 January 2010.
2. Please take note of the following claim procedure to be followed in the case of any injuries to permanent licensed athletes (Club athletes).
 - 2.1 All claims are to be submitted to ASA through the Provincial Athletics Office.
 - 2.2 Claims must be submitted to ASA within 30 days of the injury. Even if the period of temporary disablement or final medical cost is not available yet, a provisional claim must be submitted for ASA to register the claim with the Insurers.
 - 2.3 The attached claim form must be completed in full.
 - 2.4 Money will only be transferred into a bank account and the Athlete Banking Details form must be completed in full.
 - 2.5 Please use the attached Check List to ensure that all relevant information and documents are submitted.
 - 2.6 If any forms are incomplete or any documents are not attached, the claim will be rejected and returned to the Province.

I thank you for your kind cooperation.

Yours sincerely,


Molatelo Malehogo
GENERAL MANAGER

BOARD MEMBERS
PRESIDENT Leonard Chuene | VICE PRESIDENT Kakata Maponyane
THOMAS MANOKO | SNOWY MATTHEWS | HENDRICK MOKGANYETSI | CHRIS BRITZ | ROGER ADAMS | SIMON DLAMINI | LILLY MOTETE | GODFREY HAMMERS | LARAINÉ LANE

Honorary Members
MERVYN KING | MLULEKI GEORGE



INSURANCE CLAIM

Check List

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

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Date

For the Athletics Province



Approved Financial Service Provider

A Member of the Old Mutual Group



PERMANENT LICENSED (CLUB ATHLETE) INJURY CLAIM FORM
Policy No: J3/A/2/MMIII/9089179

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: <ul style="list-style-type: none"> ➤ 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.....
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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 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: