

## SPORT ADDITIONAL BENEFIT CLAIM FORM

**ATTENTION** : **Rozanne Mouton** (Contact nr - 021 914 1700)  
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**NAME OF CLUB** : \_\_\_\_\_

**NAME OF REGION** : \_\_\_\_\_

**NAME OF DECEASED** : \_\_\_\_\_

**POSITION PLAYED / HELD** : \_\_\_\_\_

**DATE OF DEATH** : \_\_\_\_\_

**NATURE OF DEATH** : \_\_\_\_\_

**NO CLAIM shall be considered where the claim form and this notification are not received in writing by Delphisure within 30 days of the injury or event occurring.**

**All information must be completed / supplied in the time frames as requested.**

**This claim form is issued strictly without prejudice or admission of liability**

**Date issued:** \_\_\_\_\_

**Signature:** \_\_\_\_\_