



ATHLETIC ACCIDENT CLAIM FORM

SECTION I (please print)

Last Name of Claimant	First Name	Birth Date
Mailing Address		
City	Province	Postal Code
If a Minor, Name of Parent		
Home Phone ()	Business Phone ()	

SECTION II

Date of Accident ,19 hour a.m./p.m.

Location of Accident

What is the Injury?

Date of First Treatment

Name of Hospital taken to

Date of Admittance ,19 hour a.m./p.m.

Date of Discharge Attending Physician or Dentist

SECTION III Describe fully how the accident happened.

SECTION IV (your sports accident policy is an excess accident benefits policy; proof of exhausting all other insurance must accompany your expenses)

Name of Employer

What medical coverage do you have through your/spouse/parent employment?

Name of the Insured Employer	Name of Insurer
Address of Employer	Address
City Prov. Postal Code	Policy No. Certificate

SECTION V

I hereby certify that all the information provided above is correct.

Claimant's / Guardian Signature Date

CERTIFICATION OF ASSOCIATION OR CLUB EXECUTIVE

Do not complete this section yourself; have your Club or League President, Coach or Manager complete this section.

Name of Team League or Association

Group Policy No. Type of Sport

Was the above player a registered member at the time of injury? Yes/No

Was the player injured while taking part in an authorized activity? Yes/No

Name Position with Club

Telephone No. Signature

Send completed form along with any invoices for expenses you had to pay yourself to All Sport Insurance Marketing Ltd., 107 - 1367 West Broadway, Vancouver, BC V6H 4A9 Phone (604) 737-3018 Fax (604) 737-3076. Please do not hesitate to call All Sport if you have any questions regarding this form. Instructions are on the reverse side. If you do not have costs at this time, please forward the form only and confirm that you intend to make a claim.