



# 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 ( )	

**ALLSPORT**  
 INSURANCE MARKETING LTD.  
 107 - 1367 West Broadway  
 Vancouver, BC V6H 4A9  
 Phone (604) 737-3018  
 Fax (604) 737-3076

**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 \_\_\_\_\_

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.

**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 \_\_\_\_\_