BFL Canada Risk & Insurance Services Inc.
Claims Department
2001 McGill College, #2200
Montréal. Québec
H3A 1G1
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Incident Report
(Accident Insurance)

Report every incident promptly to the above-mentioned office

Policy Holder		
Assn. Name:	Contact:	
Name of location:	Tel.: ( ) ext.	Fax: ( )
Full address:		
What control do you have of incident premises:		

Injury (member/volunteer)	
Name of person injured:	Address:
Where and by whom employed:	
Nature and extent of injuries:	
Name of doctor or hospital where taken:	
Why was injured on premises?	

Description of Incident	
Date of incident:	Time:
Where (Street, City):	
Full description and cause:	

Witnesses
Full names and addresses (include those who inspected location immediately before or after incident as well as those who saw incident):

Policy Holder's Investigation of Incident	
Statement by third party as to cause of incident:	
Has this incident been reported to any other party?	
If yes, which party?	Please attach copy of certificate of insurance

Other information or comments

Date of report:

By: _____

Name if individual filling out this report