



ALLSPORT

INSURANCE MARKETING LTD.

417 - 1367 West Broadway
 Vancouver, BC V6H 4A9
 Phone 604-737-3018
 Fax 604-737-3076
 Toll 1-877-992-2288

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 _____ Hour _____ a.m./p.m.

Location of Accident _____

What is the Injury? _____

Date of First Treatment _____

Name of Hospital taken to _____

Date of Admittance _____ 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)

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

Name of 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.**, 417 - 1367 West Broadway, Vancouver, BC V6H 4A9
 Tel: 604-737-3018 Fax: 604-737-3076 Toll: 1-877-992-2288.
 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.