



ALLSPORT
INSURANCE MARKETING LTD.

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 this completed form for approval to :

Softball Saskatchewan
2205 Victoria Avenue
Regina, SK S4P 0S4
Fax: (306) 780-9483

