SPORT ACCIDENT CLAIM FORM

Full name of Insured Person (member) _____

Date of Birth (mm/dd/yyyy) _____ Male / Female _____

Mailing Address including City and Postal Code _____

_____

Contact Person if claimant is a minor (parent or guardian) _____

Home Phone _____ Daytime Phone Number: _____

Email address _____

Date of Accident _____

Location of Accident _____

Describe in detail how the accident occurred _____

_____

_____

Type of Injury _____

Name of Doctor/Dentist _____

Address of Doctor/Dentist _____

Do you have other benefits provided under any other insurance plan? ☐ Yes or ☐ No

If yes, please provide name of Insurer and policy number (certificate) _____

_____

I hereby certify that all information provided in this accident form is correct.

Claimant/Guardian signature _____Date _____

Certificate of Team Manager / Association or Club Executive:

Name of Team/ League/Association _____

Policy Number _____ Was the player a member at the time of the accident? _____

Was the injury during a sanctioned game or practice? _____

Name _____ Position _____

Signature _____ Phone number _____

Date _____

See Instruction Page for further details on submitting claims

PHYSICIAN'S STATEMENT

Please complete this form and return to patient. Patient's accident claim cannot be processed without the completed Physician Statement

Name of Patient _____

Date of Birth (mm/dd/yyyy) _____ Male / Female _____

Mailing Address including City and Postal Code _____

_____

Date of first visit _____

Complete description of the injury and your diagnosis

_____

_____

_____

If hospital was required, give name of facility _____

Date admitted_____ Discharge date _____

Name of referring physician, if any _____

Physician Name _____

Signature _____

Address _____

Date _____

ACCIDENT CLAIM FORM INSTRUCTIONS

⇒ **Gallagher Insurance.** must receive notification of your accident within 30 days of it occurring and receive your claim form within 90 days of the accident.

⇒ Complete attached Sport Accident Claim Form and Physician Statement. If your claim is for dental injury have your dentist complete and submit a Predetermination Form.

⇒ Claims Forms can be submitted to our office electronically or by fax. If you are submitting the forms by mail, please forward copies only and retain originals for your files.

- **Gallagher Insurance**.

  435 McNeilly Road, Suite 103

  Stoney Creek, ON L8E 5E3

  Attention: Sports Administrator

  Phone: 1-800-461-5087 Fax: 905-643-8321

  Email: IBAM.ON.Sports.Entertainment@ajg.com

⇒ If you intend to make a claim but have not had out of pocket expenses to date, complete and submit claim form indicating that receipts are to follow.

⇒ If you have questions regarding submission of forms please contact our Sports & Recreation Department.