



## 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 \_\_\_\_\_



## 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

⇒ Please submit your completed form to Softball Ontario at [info@softballontario.ca](mailto:info@softballontario.ca)