

INCIDENT REPORT

****Report all Incidents Immediately****

Toll Free: 1-888-346-6602
Fax: 1-519-439-8865
claims@sportsfitnesscanada.com

Policy #:			
Named Insured:			
Location:			
Contact Person:		Phone:	
Email:			

INCIDENT

Date (MM/DD/YY):				Approx. Time:		:	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/>	SLIP & FALL	<input type="checkbox"/>	BECAME ILL	<input type="checkbox"/>	BURGLARY/THEFT	<input type="checkbox"/>	HIT OBJECT	
<input type="checkbox"/>	INJURY	<input type="checkbox"/>	WATER DAMAGE	<input type="checkbox"/>	FIRE	<input type="checkbox"/>	WIND	
<input type="checkbox"/>	Other (Please Explain)							

PLEASE DESCRIBE WHAT HAPPENED, WITH SPECIAL REFERENCE TO STATEMENTS MADE BY CLAIMANT
(PLEASE INCLUDE A DESCRIPTION OF WHAT MAY HAVE CONTRIBUTED TO THE INCIDENT)

* IF A DRAWING OR ADDITIONAL INFORMATION WOULD HELP ILLUSTRATE THE INCIDENT- PLEASE SEND ON A SECOND PAGE

CLAIMANT/INJURED PARTY

Name:			Apparent Age:	
Address:				
Phone #:		Email:		

INCIDENT

<input type="checkbox"/>	SERIOUS INJURY	<input type="checkbox"/>	MINOR INJURY	<input type="checkbox"/>	NO INJURY OBSERVED
<input type="checkbox"/>	AMBULANCE WAS CALLED	<input type="checkbox"/>	FIRST AID ONLY	<input type="checkbox"/>	NO TREATMENT FOR INJURY

RESULT OF:

<input type="checkbox"/>	ACTION OF ANOTHER PERSON	<input type="checkbox"/>	ACTION OF AN EMPLOYEE	<input type="checkbox"/>	THEIR OWN CARELESSNESS
<input type="checkbox"/>	HAZARDOUS CONDITION* (*IF INJURY DUE TO A HAZARDOUS CONDITION, INDICATE THE ALLEGED CAUSE):				
<input type="checkbox"/>	MAINTENANCE	<input type="checkbox"/>	TRIPPED/SLIPPED	<input type="checkbox"/>	CONDITION OF PARKING LOT
<input type="checkbox"/>	CONDITION OF STEPS	<input type="checkbox"/>	LIGHTING	<input type="checkbox"/>	CONDITION OF FLOOR SURFACE
<input type="checkbox"/>	OTHER (Please Explain):				

WITNESS

Name:		Phone #:	
Name:		Phone #:	

REPORT MADE OUT BY:		DATE:	
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AFTER HOURS EMERGENCY CLAIMS

- If your policy number begins with "M": call 1-888-224-5677
- If your policy number begins with "L" or "A": call 1-800-235-8784
- If your policy number begins with "SFI": call 1-888-287-8273