

## ATHLETIC ACCIDENT REPORT

PLEASE FAX ALL ACCIDENTS IMMEDIATELY TO: (604) 683-9316 or  
EMAIL TO: [jvalvasori@bflcanada.ca](mailto:jvalvasori@bflcanada.ca)

**(\*\*Please note claims are to be submitted within 30 days of the accident if not able to fax immediately)**

### SECTION I ( please print clearly)

Last Name of Claimant: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If a Minor, Name of Parent or Guardian (s): \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Mobile Telephone No. \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

### SECTION II

Date of Accident: dd/mm/yr \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM

Location of Where Accident Occurred: \_\_\_\_\_

What is the injury: \_\_\_\_\_

Date of First Treatment: \_\_\_\_\_

Name of Hospital taken to: \_\_\_\_\_

Date of Admittance: \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM

Date of Discharge: \_\_\_\_\_ Attending Physician or Dentist: \_\_\_\_\_

### SECTION III

INCIDENT DETAILS: (Please give detailed explanation of the accident that occurred): Use reverse, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION IV:

What other accident or disability insurance do you carry, and what organizations or companies have paid you indemnity for injury or disability:

\_\_\_\_\_  
\_\_\_\_\_

### SECTION V:

I hereby certify that all 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**

Club/Organization Name: \_\_\_\_\_ Policy No: **S2SB000086 & E2PA000063**

Was the above player a registered member at the time of injury? Yes  No

Was the player injured while taking part in an authorised activity? Yes  No

Name: \_\_\_\_\_ Position with Club: \_\_\_\_\_

Telephone: \_\_\_\_\_ Signature: \_\_\_\_\_

*Send completed form along with any invoices for expenses you had to pay yourself to: BFL CANADA INSURANCE SERVICES INC., #200 – 1177 West Hastings Street, Vancouver, BC V6E 2K3, Tel: 604-669-9600 Fax: 604-683-9316 Toll Free: (866) 669-9602. Please do not hesitate to call BFL Canada if you have any questions regarding this form. If you do not have the costs at this time, please forward the form only and confirm you intend to make a claim.*