

Sport Accident Claim Form



**CURLING
ALBERTA**

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

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.

Signature

Date

Affiliated Club Verification Section:

Name of Affiliated Curling Club

Policy number

Verify the curler paid their Curling Development

Fee (CDF) prior to accident?

Yes

No

Was the injury during a sanctioned game or practice?

Name of Club Manager or Board Executive

Position/Title

Phone number and email

Date

Signature

See instruction page for further details on submitting claims

Physician's Statement



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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

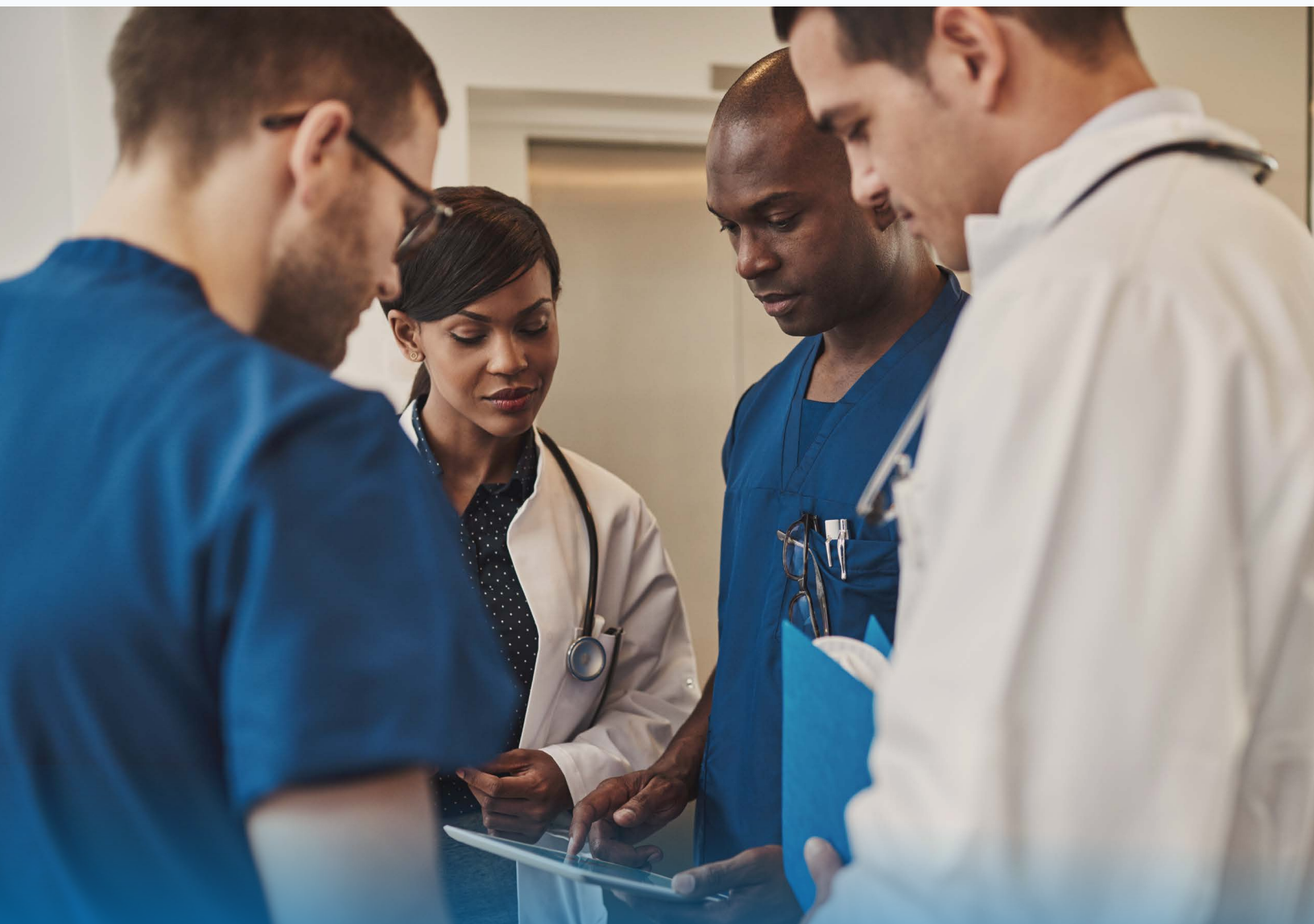
If hospital was required, give name of facility

Physician name

Address

Signature

Date



Accident Claim Form Instructions



**CURLING
ALBERTA**

- **Gallagher** 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

334 11 Avenue SE, Suite 300

Calgary, AB T2G 0Y2

Attention: Sports Administrator

Phone: (800) 661-9897 Fax: (403) 266-5177

Email: IBAM.westernclaims@ajg.com

Emergency After Hours Claims Number: (866) 813-8822

- 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 and Recreation team.
- **"Sanctioned Activity"** means a curling activity, event, competition, league, bonspiel, practice, clinic, training session, or meeting that has been approved, organized, or recognized by Curling Alberta.