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 ○ 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

8626231

Please verify that the claimant is a curler as the affiliated club who is either (choose one):

○ Regular curler (participates 4+ times per season)

○ Casual curler (participates up to 3 times per season)

Was the injury during a sanctioned game or practice?

Name of Club Manager or Board Executive

Position

Phone number

Email

Signature

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

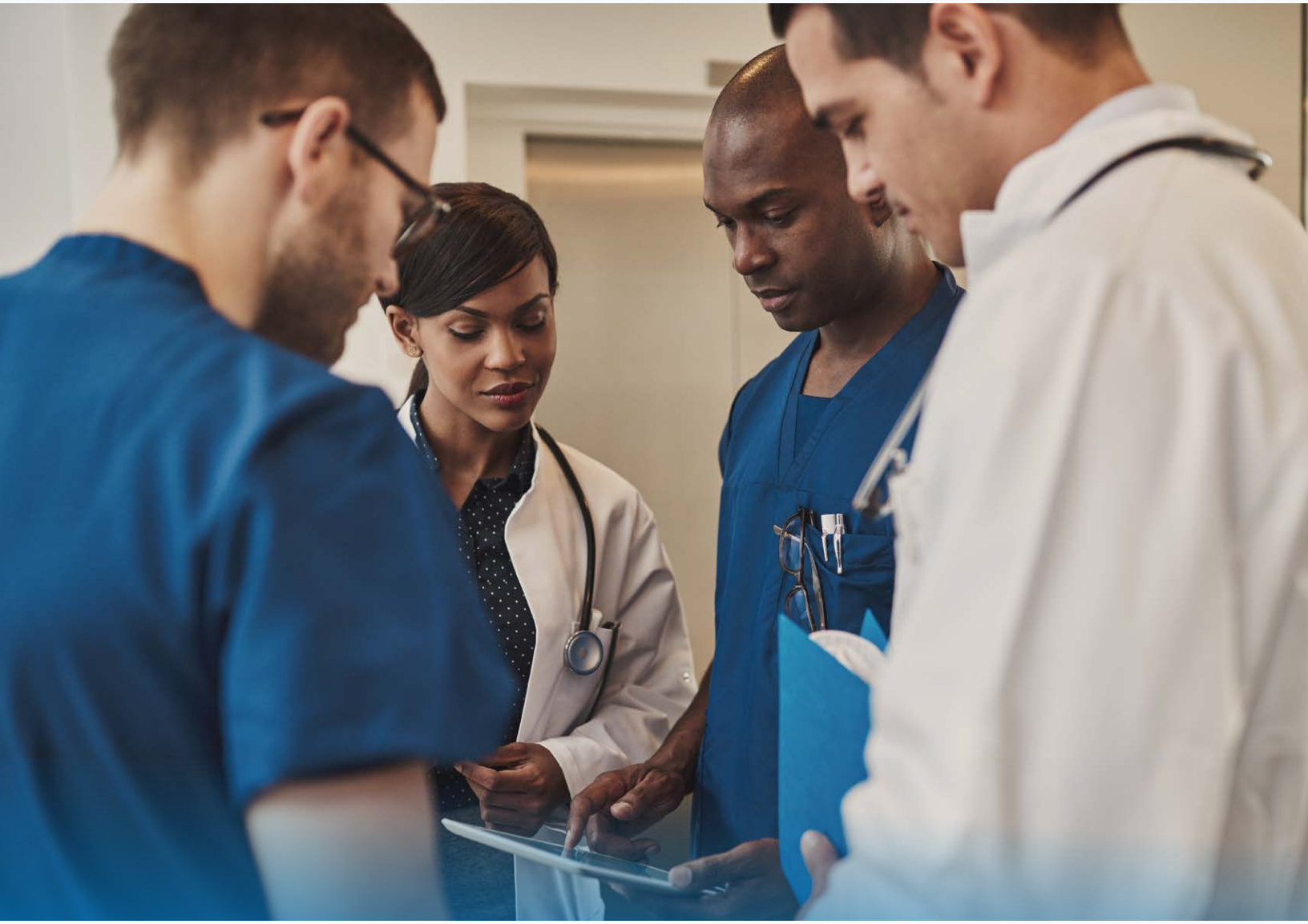
If hospital was required, give name of facility

Physician name

Address

Signature

Date



Accident Claim
Form Instructions

- **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: 1-800-661-9897 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.

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