

# INCIDENT REPORT

TOLL FREE: 1-888-346-6602

FAX: 1-519-439-8865

 EMAIL: [claims@sportsfitnesscanada.com](mailto:claims@sportsfitnesscanada.com)
**REPORT ALL INCIDENTS IMMEDIATELY\*\***

Tracking #:		Policy #:	
Named Insured:			
Contact Person:			
Location:			
Phone #:		Cell #:	
Email Address:			

**INCIDENT**

Date (dd/mm/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	<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)					

**CLAIMANT/INJURED PARTY**

Name:			
Apparent Age:		Gender:	
Address			
Phone #:		Cell #:	
Occupation:		Employer:	

**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 #:	Address:
Name:	Phone #:	Address:
Name:	Phone #:	Address:
Name:	Phone #:	Address:

DESCRIBE HOW THE INCIDENT IS ALLEGED TO HAVE OCCURRED WITH SPECIAL REFERENCE TO STATEMENTS MADE BY CLAIMANT (PLEASE INCLUDE A DESCRIPTION OF WHAT MAY HAVE CONTRIBUTED TO THE ACCIDENT):


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

REPORT MADE OUT BY:		DATE:	
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**EMERGENCY SERVICE (After Hours) call CUNNINGHAM LINDSAY CANADA AT 1-800-235-8784**

Then email this completed form to Sports &amp; Fitness Insurance Canada

 HAS THIS ALREADY BEEN REPORTED AS AN EMERGENCY?  YES  NO