



General Liability Incident/Loss Report Form 2021

GENERAL INFORMATION

Club Name: _____ Name of Provincial Association: _____
Contact Name: _____ Telephone: _____ Fax: _____ Email: _____

DETAILS OF CLAIM

Date of Loss: _____ Time of Accident: _____
Circumstances: _____
Type of Injury or Third Party Damage: _____
Name of Event: _____
Location of Accident: _____ Ambulance at Scene? Yes No

WITNESS

Name: _____ Address: _____ Telephone: _____

POLICE CONTACT INFORMATION

Police Contacted? Yes No Name of Police Officer: _____ Police Badge #: _____
Police File #: _____ Division #: _____ Telephone: _____
Type of Injury: _____

THIRD PARTY INFORMATION (IF APPLICABLE)

Other Party Name: _____ Telephone: _____
Street Address: _____ City: _____ Province: _____ Postal Code: _____

PRIVACY WORDING AND SIGNATURE

PRIVACY: Do you consent to the collection, use, disclosure and retention of your Personal information as set out in the Privacy Policy, and do you understand that you may (subject to certain restrictions and consequences) later withdraw your consent as to any or all of the purposes identified in that Policy?

By signing this form you are consenting to the statements above.
Name: (please print) _____ Title: _____
Signature: _____ Date: _____