



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? _____

If yes, please provide name of Insurer and policy number (certificate) _____

I hereby certify that all information provided in this accident form is correct.

Claimant/Guardian signature _____ Date _____

Certificate of Association (to be completed by GNS):

Name of Team/ League/Association Gymnastics Nova Scotia

Policy Number SLA00090 Was the player a member at the time of the accident? _____

Was the injury during a sanctioned game or practice? _____

Name _____ Position _____

Signature _____ Phone number _____

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 _____

Name of referring physician, if any _____

Physician Name _____

Signature _____

Address _____

Date _____



SPORT ACCIDENT CLAIM FORM INSTRUCTIONS

- ❗ Brokers; GameDay Insurance 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.
- ❗ Forward forms along with original copies of expense receipts to date to your **Broker**.
- ❗ 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 your **Broker**.

Sport Association, Team or League Representative return form(s) to your Insurance BROKER