



# 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: \_\_\_\_\_