



## SPORT ACCIDENT CLAIM FORM

Full name of Insured Person (member)			
Date of Birth (mm/dd/yyyy)		Gender	
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 or No			
If yes, provide name of Insurer and policy number (certificate)			
<b><i>I hereby certify that all information provided in this accident form is correct.</i></b>			
Claimant/Guardian Signature		Date	
<b>Certificate of Team Manager / Association or Club Executive:</b>			
Name of Team/League/Association			
Policy Number	<b>ACCI03400-001</b>		
Was the player a member at the time of the accident? Yes or No			
Was the injury during a sanctioned game or practice? Yes or No			
Name		Position	
Signature		Phone number	
Date			
See Instruction Page for further details on submitting claims			

**Please email documents to Gymnastics BC – [safety@gymbc.org](mailto:safety@gymbc.org)**



## PHYSICIAN'S STATEMENT

Please complete this form and return to patient.

Patient's accident claim cannot be processed with the completed Physician's Statement.

Name of Patient			
Date of Birth (mm/dd/yyyy)		Gender	
Mailing Address including City and Postal Code			
Date of first visit			
Completed 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			

**Please email documents to Gymnastics BC – [safety@gymbc.org](mailto:safety@gymbc.org)**



## SPORT ACCIDENT CLAIM FORM INSTRUCTIONS

- ❖ 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.
- ❖ If you intend to make a claim but have not had out-of-pocket expenses to date, complete and submit claim form indicating receipts are to follow.
- ❖ If you have questions regarding submission of forms, contact [safety@gymbc.org](mailto:safety@gymbc.org)

**Please email documents to Gymnastics BC – [safety@gymbc.org](mailto:safety@gymbc.org)**