

INCIDENT REPORT

To be completed by Insured for insurance records.

Incident Only ___ Claim ___

Team Name: _____ League Name: _____

Policy Name: _____ Policy #: _____

Insured Contact: _____ Phone: _____

Address: _____

Hours Contact Can Be Reached: _____

INCIDENT:

Date of Incident: _____ Time of Day: _____ Male ___ Female ___

Claimant Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Is Claimant: Participant ___ Volunteer ___ Spectator ___ Bystander ___ Official ___

Does injured party have health insurance? _____

Area Accident Occurred: _____

Condition of Area: _____

Is There Video of that Area? Yes / No has video been saved/copied? Yes/ No

How did Incident Happen? / Accident Description:



TOKIO MARINE
HCC

Description of Injury:

Was Medical Assistance Required? Yes/No EMS Called? Yes/No

Type of Treatment Provided: _____

Did injured party continue to participate in activity? If so, how long did they stay after the incident?

Was injured party a minor? ____ If so, was parent/guardian present? _____

Did Claimant or Parent Sign a Waiver? Yes / No If Yes, please provide legible copy with Incident Report.

Witnesses: Name/Address/Phone:

Officials/Coaches with knowledge of Incident: Name/Phone:

Comments / Notes:

- If possible, it is always helpful to get photos of the area involved and/or the injury.
- If any video exists, please save a copy immediately so it is not erased from the system.

Accident reports along with Waivers can be emailed to American Claims Management at : NewLosses@acmclaims.com. You can also reach American Claims Management by telephone at 1-888-799-2919.

Choose an item.