



## **SPORT ACCIDENT CLAIM REPORTING PROCEDURE**

*IN AN EVENT OF DEATH OR SEVERE INJURY, (loss of limb/sight/hearing/paralysis), please contact us via email first and we will provide the appropriate claim form. [SpecialMarkets-Claims@ia.ca](mailto:SpecialMarkets-Claims@ia.ca).*

### **HOW TO COMPLETE A SPORTS INJURY THE CLAIM FORM**

- o *The front of the form confirms personal information and the Claimant and an authorized representative of Pickleball Canada completes it, to verify you are a member in good standing.*
- o *If your injury prevents you from completing your portion of the form, an interested third party may do so.*
- o *The back of the form confirms the medical and/or dental information required. The attending physician (if there is one) completes “**Section A - Attending Physician’s Statement**” and the dentist (if there is one) completes “**Section B - Attending Dentist’s Statement**”. The information **MUST** be legible.*
- o ***Important:** You are responsible for any charges relating to completion of this form. Receipts and statements (such as an ambulance bill), along with the completed claim form, should be submitted to [SpecialMarkets-Claims@ia.ca](mailto:SpecialMarkets-Claims@ia.ca). They can also be mailed to the address stated on the form.*