



435 McNeilly Road, Suite 205
Stoney Creek, Ontario L8E 5E3
info@gamedayinsurance.ca

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 Team Manager / Association or Club Executive:
Name of Team/ League/Association _____
Policy Number ACCI02570-001 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

Please Return Form to Gymnastics Nova Scotia – gns@sportnovascotia.ca



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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 _____



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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 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.

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