

**OCEANIC UNDERWRITERS LTD
SPORTGUARD INCIDENT/ACCIDENT REPORTING FORM**

TEAM/LEAGUE INFORMATION SECTION

Named Insured: West Coast Cricket Organization Policy Number: SL000004
Team Name (if different from above): _____ Sport Played: _____
Business Address: 9173 Shaughnessy Street, Vancouver BC V6P 6R9
Name of Person completing this report: _____
Position: _____ Contact Number: _____
Contact Email: _____ Alternate Phone: _____

By signing here, you acknowledge that the injury stated below occurred during sanctioned team/league events. You further acknowledge that the injured party is a member in good standing in your organization.

SIGNATURE OF TEAM/LEAGUE EXECUTIVE: _____
DATE THIS REPORT WAS COMPLETED: _____

INJURED PARTY INFORMATION SECTION

Name: _____ Male or Female: _____
Address: _____
Contact Phone: _____ Contact Email: _____
Date of Birth _____ Canadian Resident (Y/N): _____

INCIDENT REPORT SECTION

Date of Incident: _____ Location of Incident: _____

Please provide an objective description of what transpired (attach if necessary):

INJURY AND FIRST AID SECTION

Injury signs & symptoms: _____
Treatment offered: _____

WITNESS SECTION

Witness Name: _____ Contact Phone: _____
Contact Email: _____

Witness Name: _____ Contact Phone: _____
Contact Email: _____

**ALL FIELDS ARE MANDATORY. PLEASE RETURN THIS FORM TO YOUR INSURANCE
BROKER FOR PROCESSING.**