



Insurance Claim Form

In the event of serious injury to anyone
call 1-888-379-6821

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E-mail: asnCanada@rogers.com
Website: www.asncanada.com

This form can be completed and saved on your computer, then emailed or faxed to ASN Canada FIA

Section 1 – General Information

Incident date: _____

Type of event: Car Racing Rally Solo Kart Racing
Region: B.C. Prairies Ontario Québec Maritimes

Report prepared by: _____ Bus Phone: _____
Email: _____ Res Phone: _____

Name of track: _____

Location of track: _____

Location of incident: Track Pits Grid Paddock
 Spectator area Stands Other

What happened: _____

Section 2 – Personal Injury

Name: _____ Address: _____
City: _____ Province: _____
Postal Code: _____ Res Phone: _____
Email: _____ Bus Phone: _____

Status of injured: Driver Crew Official GuestIs injured party a minor? Yes No: If yes, specify age: _____Is injured an affiliate of ASN? Yes NoCredential issued by: FIA ASN Region Club

Nature of injuries: _____

Treatment beyond first aid: Yes No

Name of other Health Carrier: _____ Name of Doctor: _____

Name of Hospital: _____ Phone: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Is claimant likely to miss work for more than one year? Yes No**Section 3 – Property Damage**

Name of property Owner: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Bus Phone: _____ Res Phone: _____ Email: _____

Property description: _____

Describe damage: _____

Claim # _____