



Participant Accident Claim Form

In the event of serious injury, death, or dismemberment to anyone call 1-855-640-6444

Section 1 – General Information

Incident date:

Type of event: Rally Rally Sprint Rally Cross Navigational Rally
 Region: RPM RW RSO RSQ ARMS

Report prepared by: _____ Cell Phone: _____

Email: _____ Res Phone: _____

Name of event: _____

Location of event: _____

Location of incident: Stage/Course Transit Service Park Other
 Spectator area

What happened: _____

Section 2 – Personal Information

Name:			Address:		
City:			Province:		
Postal Code:			Res Phone:		
Email:			Bus Phone:		
Status of injured:	<input type="checkbox"/> Driver	<input type="checkbox"/> Co-Driver	<input type="checkbox"/> Crew	<input type="checkbox"/> Volunteer	
	<input type="checkbox"/> Official	<input type="checkbox"/> Spectator			
Is injured party a minor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, specify age:		
Is injured an affiliate of CARS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Credential issued by:	<input type="checkbox"/> CARS	<input type="checkbox"/> Region	<input type="checkbox"/> Club	<input type="checkbox"/> FIA	<input type="checkbox"/> Other
Nature of injuries:					
Treatment beyond first aid:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

Is claimant likely to miss work for more than 8 days? Yes No

Benefits Requested	<input type="checkbox"/> Accidental Death and Dismemberment	<input type="checkbox"/> Excess Medical	<input type="checkbox"/> Weekly Indemnity
--------------------	---	---	---



Participant Accident Claim Form

In the event of serious injury, death, or
dismemberment to anyone call 1-855-640-6444

Section 3 - Property Damage

Name of property Owner: _____

Address: _____

City: _____

Bus Phone: _____

Prov: _____

Postal Code: _____

Res Phone: _____

Email: _____

Property Description:

Describe Damage:

Estimated Amount of Damage: _____