



#103, 8411-200th Street, Langley BC
V2Y 0E7
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Toll free: 1(800)993 6388
FAX: (604)888-1008
International Fax: 001(604)8881008
E-mail: claims@sports-can.ca

NOTIFICATION OF CLAIM

Name of Policy Holder _____ Policy No. _____

Name of Insured _____ Male/Female _____ Date of Birth D/M/Y _____

Name of Claimant (If other than above) _____ Relationship to Insured (if applicable) _____

If a Minor, give Full Name of Parent or Guardian (Relationship) _____

Address	City	Postal Code	Province/ State	Country
_____	_____	_____	_____	_____

Date of Loss _____

Explain, in detail; How the loss occurred?

Nature of Injury _____

Name of Dentist or Doctor _____

Address	Apt.	City	Province	Postal Code
_____	_____	_____	_____	_____

Does the Claimant have medical insurance under any other plan? _____ Name of Insuring Agency _____
(Including Spouse's insurance/government health plan)

Please complete this form in its entirety, answering all sections and submit original bills to the above address. If you are in a location where there is a delay in submitting original bills, then please scan and e-mail or fax the bills to the above and forward the originals as soon as you are able.

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I authorize the release of any information requested in respect of this claim to the Insurer or its agents and certify that the information given is true, correct to the best of my knowledge

Signature of Claimant or Guardian _____ Date _____