

SPORT ACCIDENT CLAIM REPORTING PROCEDURE

IN AN EVENT OF DEATH OR SEVERE INJURY, (loss of limb/sight/hearing/paralysis), please contact us via email first and we will provide the appropriate claim form. SpecialMarkets-Claims@ia.ca.

HOW TO COMPLETE A SPORTS INJURY THE CLAIM FORM

- *The front of the form confirms personal information and the Claimant and an authorized representative of Pickleball Canada completes it, to verify you are a member in good standing.*
- *If your injury prevents you from completing your portion of the form, an interested third party may do so.*
- *The back of the form confirms the medical and/or dental information required. The attending physician (if there is one) completes “**Section A - Attending Physician’s Statement**” and the dentist (if there is one) completes “**Section B - Attending Dentist’s Statement**”. The information **MUST** be legible.*
- ***Important:** You are responsible for any charges relating to completion of this form. Receipts and statements (such as an ambulance bill), along with the completed claim form, should be submitted to SpecialMarkets-Claims@ia.ca. They can also be mailed to the address stated on the form.*