

**Participant Accident Claim Form****In the event of Serious injury, death, or
dismemberment to anyone call 1-888-379-6821****ASN CANADA FIA**481 North Service Road West Suite A21
Oakville, Ontario Canada L6M 2V6
Telephone: (905) 403-9000
Fax: (905) 815-8771
E-mail: insurance@asnCanada.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 Information

Name: _____ Address: _____

City: _____ Province: _____

Postal Code: _____ Res Phone: _____

Email: _____ Bus Phone: _____

Status of injured: Driver Crew Official Guest

Is injured party a minor? Yes No If yes, specify age:

Is injured an affiliate of ASN? Yes No

Credential 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

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

Benefits Requested Choose an item.

Section 3 – Property Damage

Name of property Owner: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Bus Phone: _____ Res Phone: _____ Email: _____

Property description: _____

Describe damage: _____

Estimated Amount of Damage _____