

# Sports Accident Insurance Claim Form

## Personal Information

Full Name

Date of Birth

Address

Phone Number

Email Address

## Insurance Details

Policy Number

Insurance Provider

## Accident Details

Date of Accident

Location of Accident

Sport Involved

Describe How the Accident Happened

Nature of Injury

## Medical Treatment

Attending Doctor/Hospital

Type of Treatment Received

Date of Admission

Date of Discharge

### Additional Information

Witnesses (if any)

Other Relevant Information

### Declaration

Signature

Date