



## Insurance Claim Form

**ASN Canada FIA**  
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### See guidelines for completion of this form and Incident Report Form.

In the case of a spectator or serious injury **IMMEDIATELY** call ASN Office

Is Injured party a minor? If yes, Age: \_\_\_\_\_ Incident Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Check status of injured:  Driver  Crew  Official  Guest

Check credential issued by:  ASN  Region  Club

Name of Track: \_\_\_\_\_

Track Location: \_\_\_\_\_

Nature of Injuries: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Check where accident occurred:  Paddock  Track  Stands  Pits  
 Grid  Spectator area  Other \_\_\_\_\_

What happened? \_\_\_\_\_

Will there be treatment beyond first aid?  Yes  No

Name of other Health Carrier: \_\_\_\_\_

Is injured an affiliate of ASN?  Yes  No

### Hospital / Doctor Utilized

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Is insured likely to miss work for more than one week?  Yes  No

Vehicle Class

Sanctioning Region (check one)

ASN  CACC  WCMA  CASC  FAQ  ARMS  BCKCA  OKRA

Report Prepared by (print): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Claim #: \_\_\_\_\_