

ACCIDENT CLAIM FORM

File your claim promptly. Failure to do so could result in a denial of coverage. Consult the policy for the time limits for reporting and filing a claim.

SECTION I TO BE COMPLETED BY INSURED'S AND/OR PARENT(S)/GUARDIAN(S)

1. Name: Last: _____ First: _____ Init: _____
2. Date of birth: _____ Sex: Male Female
3. Home Address: Street: _____
City: _____ Prov.: _____ Postal Code: _____
Parent's phone number: _____ Insured's phone number: _____
4. Date of accident: _____ Time of accident: _____ AM PM
Nature of injury: _____ Describe exactly how accident happened: _____
5. Nature of activity during which the injury occurred (check all boxes which apply): Left Right
Name of sport, if applicable: _____
 Intercollegiate sports Intramural sports During practice
 Club sports High school During play
 Other activity (specify) _____ During conditioning During travel to or from the event
Nature of Your Participation: _____
6. Name, address and phone of physician who first treated you: _____
7. Have you had a similar injury in the past? Yes No If yes, describe and give dates: _____
8. Name, address and phone of physician who treated you for previous injury: _____
9. Are you covered by any other medical expense benefits plan? Yes No If yes, give the names of the plan(s) and the person(s) through whom you are insured and their relationship to you: _____

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief, the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See remarks section on reverse side of this form.

I hereby authorize any physician, hospital, or other medically related facility, insurance company, or other organization, institution or person that has any records of knowledge of the above named insured, to disclose, whenever requested to do so by Crawford & Company (Canada) Ltd., K&K Insurance Group Canada and Zurich Insurance Company Ltd (Canadian Branch) any and all such information. A photocopy of this authorization shall be considered as effective and valid as the original.

I hereby consent to the collection, use and disclosure of my personal and health information set out herein and, in all documents, or information provided in connection with my claim by the parties and for the purposes set out in the privacy consent notice below.

Date _____ Insured or Parent/Guardian Signature _____

SECTION II**TO BE COMPLETED BY THE POLICY HOLDER**

1. Name of Insured: Last: _____ First: _____ MI: _____
2. Location of Accident: _____ 3. Date of accident: _____
4. Activity: _____
5. Nature of injury: _____ Left Right
6. Name of PolicyholderK _____
7. Name of provincial athletic association if applicable: _____
8. If this injury was a reinjury, was the Insured cleared to participate? Yes No
9. IF YES, please attach physician's statement indicating doctor's release to return to participation.
10. I certify that all the foregoing statements and answers on this form are true and complete, and that this claim satisfies all criteria set forth in our Group Participant Accident Policy for proper consideration as a covered loss, to the best of my knowledge and belief.
- Signature of Authorized Representative: _____
- Title: _____ Date: _____
- Comments: _____

FAILURE TO COMPLETE THIS FORM IN FULL MAY RESULT IN AN UNNECESSARY DELAY IN THE PROCESSING OF THIS CLAIM

COMPLETE AND FORWARD TO CRAWFORD & COMPANY (CANADA) LTD.

**INSTRUCTIONS FOR COMPLETING THE ACCIDENT INSURANCE FORM
TO THE INSURED PERSON/PARENT /GUARDIAN**

To the insured person/parent/guardian:

Complete Section I of this claim form. Attach current itemized physician, hospital, or other provider's bills for accident medical expenses as well as the primary carrier's explanation of benefit showing their payment and denial. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred, and the charges made. Return this form to Crawford & Company (Canada) Ltd. Please note: Claim forms will be returned if not fully completed and signed. Omission of vital information will cause a delay in claim processing.

CRAWFORD & COMPANY (CANADA) LTD.

Claims Department
100 Milverton Drive, Suite 300
Mississauga, Ontario L5R 4H1
email: Newhumanriskclaims@crowco.ca

Privacy Consent Notice

By submitting the requested information, which may include, but is not limited to, name, address, date of birth, driver's licence number, medical information, financial information, and driving record, automobile insurance policy history, or automobile insurance claims history, you are providing consent to Zurich Insurance Company Ltd and its subsidiaries and affiliates located in your country of residency or abroad (collectively, "Zurich") for the collection, storage, use, disclosure and processing of your personal information as may be necessary to assess, investigate, administer, adjust, and settle claims (including reinsurance claims), coordinate and consult third party specialists and experts, prevent, detect and suppress fraud, support customer service improvement and complaint handling, for statistical evaluation, or to meet regulatory or other operational requirements. You are also providing consent to Zurich for the disclosure of your personal information to third parties, as required for and in relation to one or more of the above-stated purposes, including reinsurers, third party administrators, brokers, agents, claims adjusters, appraisers, healthcare clinics, physicians, lawyers, auditors, engineers, architects, accountants, autobody shops, tow truck companies, restoration contractors, regulators or other governmental or public bodies, taxing authorities, industry associations, the insured in the event of a third party loss, other insurers, and other third parties involved in providing insurance services (collectively, "Third Parties"). If your policy was arranged for by a broker or an agent, you authorize Zurich to collect, store, use, disclose, and process personal information received from such broker or agent in relation to the above-stated purposes. Additionally, by providing information about a third party, including but not limited to, a family member, director, officer, employee, other named insured, listed driver, or any party that has an interest in or derives a benefit from the policy, you hereby covenant and warrant that you have obtained the appropriate consent from such third party to disclose their personal information to Zurich and for Zurich to use and disclose such information for any of the above-stated purposes.

Zurich is committed to protecting the privacy and confidentiality of information provided. Your personal information may be processed by and is securely stored within the offices of Zurich and authorized Third Parties, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws.

Zurich may retain your personal information as needed for any of the above-stated purposes or as necessary to comply with Zurich's legal and regulatory obligations, resolve disputes, and enforce Zurich's agreements. You may request to review the personal information Zurich maintains about you and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9 or by emailing privacy.zurich.canada@zurich.com.

You may refuse to consent or withdraw your consent to the collection, storage, use, disclosure or processing of your personal information; however, your refusal to provide consent may prevent Zurich from being able to investigate, administer, adjust and settle the claim.

Please contact the Zurich Privacy Officer if you require further information regarding the collection, use, disclosure, processing and storage of your personal information or if you have any complaints via email at privacy.zurich.canada@zurich.com. You can also review our Privacy Policy at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>.