



**COMPREHENSIVE GENERAL LIABILITY  
INCIDENT/LOSS REPORT FORM**  
Canadian Cycling Association Policy No. 5000428S  
(\*To be used immediately following injuries during sanctioned events)

**GENERAL INFORMATION**

Club Name	Name of Provincial Association
Contact Name	
Telephone ( )	Fax ( )

**DETAILS OF CLAIM**

Date of Loss (mm/dd/yy)

Circumstances

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Type of Injury or Third Party Damage

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Name of Event

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Location of Incident

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Ambulance at Scene?  
 Yes?  No?

**WITNESS**

Name:	Address:	Telephone ( )
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**POLICE CONTACT INFORMATION**

Police Contacted? <input type="checkbox"/> Yes? <input type="checkbox"/> No?	Name of Police Officer	Police Badge No.
Police File No.	Division No.	Telephone ( )

**THIRD PARTY INFORMATION (If Applicable)**

Other Party Name

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Street Address

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City	Province	Postal Code	Telephone ( )
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**SIGNATURE**

Name (please print)	Signature
Title	
Date (mm/dd/yy)	

PLEASE FAX THIS FORM TO: Marc Puddy or Kim Brandon  
 Fax No.: 416-408-4517  
 Telephone No.: 416-408-5034 (Kim Brandon)  
 416-628-6646 (Marc Puddy)  
 Jones Brown Inc.  
 480 University Ave., Suite 1100, Toronto, Ontario, M5G 1V2