



Insurance Claim Form

ASN Canada FIA
2155 Leanne Boulevard, Suite 115
Mississauga, Ontario, L5K 2K8
Phone: (905) 403-9000
Fax: (905) 403-8448
Email: asncdn@netcom.ca
Website: www.asncanada.com

In the event of a serious injury or spectator injury call 1-888-224-5677

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

Report Prepared by (print): _____ Phone: () _____

Claim #: _____