



**INCIDENT REPORT**

**To be completed by Insured for insurance records.**

**Incident Only** \_\_\_\_ **Claim** \_\_\_\_

Team Name: \_\_\_\_\_ League Name: FLYFCL

Policy Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insured Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hours Contact Can Be Reached: \_\_\_\_\_

**INCIDENT:**

Date of Incident: \_\_\_\_\_ Time of Day: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Claimant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Is Claimant: Participant \_\_\_ Volunteer \_\_\_ Spectator \_\_\_ Bystander \_\_\_ Official \_\_\_

Does injured party have health insurance? \_\_\_\_\_

Area Accident Occurred: \_\_\_\_\_

Condition of Area: \_\_\_\_\_

Is There Video of that Area? Yes / No has video been saved/copied? Yes/ No

How did Incident Happen? / Accident Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



TOKIO MARINE  
HCC

Description of Injury:

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Was Medical Assistance Required? Yes/No      EMS Called? Yes/No

Type of Treatment Provided: \_\_\_\_\_

Did injured party continue to participate in activity? If so, how long did they stay after the incident?

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Was injured party a minor? \_\_\_\_ If so, was parent/guardian present? \_\_\_\_\_

Did Claimant or Parent Sign a Waiver? Yes / No      If Yes, please provide legible copy with Incident Report.

Witnesses: Name/Address/Phone:

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Officials/Coaches with knowledge of Incident: Name/Phone:

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Comments / Notes:

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- If possible, it is always helpful to get photos of the area involved and/or the injury.
- If any video exists, please save a copy immediately so it is not erased from the system.

**Accident reports along with Waivers can be emailed to American Claims Management at : [NewLosses@acmclaims.com](mailto:NewLosses@acmclaims.com). You can also reach American Claims Management by telephone at 1-888-799-2919.**

Choose an item.