

INCIDENT REPORT

To be completed by Insured for insurance records.

Incident Only ____ **Claim** ____

Team Name: _____ League Name: _____

Policy Name: _____ Policy #: _____

Insured Contact: _____ Phone: _____

Address: _____

Email: _____

INCIDENT:

Date of Incident: _____ Time of Day: _____

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

Report.

Witnesses: Name/Address/Phone:

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

Comments / Notes:

- 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. You can also reach American Claims Management by telephone at 1-888-799-2919.

Choose an item.