

## 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:

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TOKIO MARINE  
HCC

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.