

Accident Claim Procedure



1. Complete “Ontario Basketball Association Incident Report”

- a. [Accident Claim Form](#)
- b. Page 1 - to be completed by the coach or league representative
- c. Page 2 - to be completed by participant’s parent / guardian

2. Include the following:

- a. Current physician, hospital, or other providers’ bills for accident medical expenses being claimed.
- b. Provincial Health Care (or use OHIP) and/or Private Health Care providers’ “explanation of benefits” showing their payments and denials.
- c. All the above must include the patient’s name, condition (diagnosis), type of treatment given, date the expense was incurred and the charges made.

3. Submit the above information to:

Email: claims@markelintl.ca

Fax: 416-601-1150

Mail: Markel Canada
400, 200 Wellington Street West
Toronto, ON M5V 3C7

Phone: 416-601-1133