



# OASIS Outdoor Adventure & Sport Insurance Solutions Inc.

## Pedal Power Loss Report Form

YOUR BROKER: \_\_\_\_\_

FAX FORM TO: 1-866-488-6122 or E-MAIL FORM TO : [claims@oasisins.ca](mailto:claims@oasisins.ca)

POLICY NO. \_\_\_\_\_ DATE OF LOSS \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME \_\_\_\_ A.M. \_\_\_\_ P.M.  
DAY MONTH YEAR

POLICY HOLDER: \_\_\_\_\_ ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ E-MAIL \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

NAME OF OPERATOR \_\_\_\_\_ DOB of Operator \_\_\_\_\_ PERMISSION GIVEN: \_\_\_\_ YES \_\_\_\_ NO

BICYCLE

YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ SERIAL # \_\_\_\_\_

ACCIDENT LOCATION \_\_\_\_\_

DESCRIBE THE ACCIDENT \_\_\_\_\_

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

DESCRIBE DAMAGE TO THE UNIT \_\_\_\_\_

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

DESCRIBE ANY INJURIES AND TO WHOM (LIST ANY THIRD PARTIES) \_\_\_\_\_

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

OTHER PARTY INVOLVED: OWNER \_\_\_\_\_ DRIVER \_\_\_\_\_

ADDRESS OF OWNER \_\_\_\_\_ PLATE NO. \_\_\_\_\_

INSURERS \_\_\_\_\_ POLICY NO. \_\_\_\_\_

TYPE OF UNIT & DETAILS \_\_\_\_\_

POLICE NOTIFIED AT \_\_\_\_\_ ON \_\_\_\_\_

OCCURRENCE NO. \_\_\_\_\_

CHARGES LAID \_\_\_\_ YES \_\_\_\_ NO AGAINST \_\_\_\_ INSURED \_\_\_\_ THIRD PARTY

GIVE NAMES AND ADDRESSES OF WITNESSES \_\_\_\_\_

THIS CLAIM IS FOR  Physical damage to unit  Liability  Accident benefits for operator

**I UNDERSTAND THAT INFLATED OR FRAUDULENT CLAIMS IS AN OFFENSE AND WILL BE PROSECUTED. THE FOREGOING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND ARE SUBMITTED AS A CLAIM UNDER THE SAID POLICY.**

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_