



**OASIS OUTDOOR  
ADVENTURE &  
SPORT INSURANCE  
SOLUTIONS INC.**

10020 – 12<sup>th</sup> Avenue  
North Battleford, SK S9A 3A4  
Phone Toll Free: 1-866-979-2747  
Email: [claims@oasisins.ca](mailto:claims@oasisins.ca)

## Claims Loss Report Form

### Brokerage Information (if applicable)

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Policyholder(s) Information

Policyholder Name(s): \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Unit Type:

Pedal Bike	Electric Bike	Scooter Style E-Bike	Motorcycle Style E-Bike
Mobility Scooter	Recumbent Scooter	Enclosed Mobility Scooter	Golf Cart
Snow Dog	Velomobile	Trishaw	

Year:            Make:            Model:            Serial Number:

### Claim Information

Date of Loss: \_\_\_\_\_ Are there any pending endorsements on this policy? Yes    No  
(DD/MMYYYY)

Full name of Operator at the Time of the Claim: \_\_\_\_\_

Operator's Date of Birth: \_\_\_\_\_ Was Permission Given to the Operator? Yes    No  
(DD/MM/YYYY)

This Claim is for: Physical Damage to the Unit    Liability    Accident Benefits for Operator  
(Check all that apply)

Address or Location of Where the Accident Took Place: \_\_\_\_\_

Was the Unit Locked to an Immovable Object? Yes    No

Were Police Been Notified: Yes    No            Police File Number (if applicable):

Describe the Accident:

Describe the Damage to the Unit:

Describe Any Injuries and to Whom:

**Third Party's Information**

Owner of the Third Party Involved (if applicable):

Third Party Email:

Third Party Phone Number:

**Authorization and Signature**

I, the undersigned, certify that the information provided in this claim loss report form is accurate and truthful. I understand that submitted inflated or fraudulent information is a serious offence and may result in prosecution. To the best of my knowledge, all statements made in this form are true and correct and are submitted as a claim under the referenced policy.

I understand that by signing my name below, I acknowledge that this constitutes a legal acknowledgement, confirming that I, the undersigned, agree to and accept the above Terms of Acceptance.

\_\_\_\_\_  
Named Insured (Print Name)      Signature      Date (MM/DD/YYYY)

\_\_\_\_\_  
Named Insured (Print Name)      Signature      Date (MM/DD/YYYY)

Send the completed form to [claims@oasisins.ca](mailto:claims@oasisins.ca)