



ASHA: B15 – 6020 2nd St. S.E. Calgary, AB, T2H 2L8
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Race Bike or Jogger Insurance Claim

(Effective May 1, 2007)

Claim must be made within 60 Days of Accident/Occurrence

Time and Date of Accident: _____

Location of Accident: _____

Race #: _____ Or: While Training: Yes _____

Owner of Equipment: _____

Owner of Horse: _____ ASHA Membership: Yes _____

Name of Horse: _____

Trainer of Horse: _____ Driver at the time of accident: _____

Bike or Jogger Make: _____

Bike or Jogger registered with ASHA: Yes _____ No _____

Witness(es) to accident: _____

Remarks: _____

Location where damaged equipment may be inspected: _____

Inspected by ASHA Driver/Trainer Rep: _____ Date: _____

Repair Invoice #: _____ Cheque #: _____

\$1500 Maximum for Race Bike(less deductible) - \$750 Maximum for Jogger (less deductible)

Total Damage: _____ Less Deductible \$100.00 = NET CLAIM : _____

I, the undersigned, do solemnly swear the above information to be correct and that the damaged equipment has not been included in any other claim against ASHA.

Signed: _____

Received Payment: _____