AUTOMOBILE ACCIDENT BENEFITS PROOF OF CLAIM FORM

(For use in provinces except Alberta, Ontario, and Nova Scotia; In Quebec, used with Q.E.F. 34 & 4-34)

This claim form to be completed by the Claimant and his/her Doctor and should be returned immediately to the Insurance Company.

THIS SIDE TO BE COMPLETED BY CLAIMANT ONLY. **CLAIM NO. .....**

I,....., residing at.....
Telephone.....Do hereby make claim under Policy No.....Issued by
.....to .....
based on the following:

INJURED PERSON
Name ..... Address .....
Marital Status.....Sex Date of
Birth ....
Occupation.....Length of Employment.....
Weekly Earnings.....Employer's Name.....
Employer's Address.....Telephone .....
Were you in the course of your employment when the accident
occurred?..... .....
Are you covered by any Workers'
Compensation? .....

Are you covered by any Workers' Compensation Act, the Quebec Crime Victims Compensation Act or by the Quebec Automobile Insurance Act (Regie benefits)?.....
.....
.....
If presently unemployed give history of employment for previous 12 months..... .....
.....
.....
Are you entitled to Employment Insurance Benefits?.....
Any weekly indemnity coverage or medical expense coverage provided by any other Insurer?(for example, through employment private disability plan etc.) If so, give details:

Name of Insurer	Policy No.	Type	Amount payable weekly
.....			

INJURIES SUSTAINED
Nature of injuries.....
When did you first receive treatment from a Doctor? ..... When did you first cease to work? .....
When do you expect to return to work?.....
If you have returned to work, when did you do so? .....
Who is your attending Doctor(s)? .....
Address:.....Name of Hospital attended.....
Period of confinement.....

CAR INVOLVED
Make..... Year……..Type of Body .....
License No. ..... VIN # | | | | | | | | | | | | | | | | |

Owner's Name ..... Owner's
Address.....
Date of Birth
Driver's Name ..... | M | D | Y | Driver's Address .....
.....

ACCIDENT DETAILS
Date .....Time…… Location .....
Were you in the car described above? .....Were you a pedestrian when struck by the car described above?.....

Date…….Claimant's Signature……..

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