



Date:

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Personal Information - Client

Name:				Gender:	
Address:					
Telephone:	Residence:		Cellular:		Facsimile:
Age:	Birth Date:			Birth Place:	
Marital Status:		Date:		Place:	
Marriage/Separation Agreement:			Particulars:		
Social Insurance #:				S.H.S.P. #:	
Education:					
Social Activities:					
Prior Physical Condition:					

Employment Information - Client

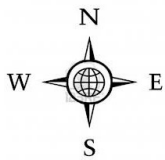
Employer:			
Address:			
Telephone:	Business:	Cellular:	Facsimile:
Position:		Status:	How Long:

Business Information

Name:		
Type:	Start Date:	
Nature of Business:		
Instructions Authorized By:		Date:
Officer/Partner:	Address:	
Officer/Partner:	Address:	
Officer/Partner:	Address:	

Spouse Information**Name:****Telephone:****Cellular:****Business:****Facsimile:****Age:****Birth Date:****Employer:****Information - Children****Name:****Birth Date:****Marital Status:****Emp. Status:****Address:****Name:****Birth Date:****Marital Status:****Emp. Status:****Address:****Name:****Birth Date:****Marital Status:****Emp. Status:****Address:****Name:****Birth Date:****Marital Status:****Emp. Status:****Address:****Name:****Birth Date:****Marital Status:****Emp. Status:****Address:****Mentally/Physically Challenged or Otherwise Dependent****Name:****Age:****Birth Date:****Birth Place:****Address:****Name:****Age:****Birth Date:****Birth Place:****Address:**

Occurrence Particulars

Date:	Time:	City/Town/etc.:
Client Involved As:		Location:
Weather:		Road Surface:
Visibility:		
Accident Description:		

Vehicle #1 Particulars - Client

Owner:	Injured?	Driver:	Injured?
Address:		Address:	
City/Prov./PC:		City/Prov./PC:	
Plate #:	Prov.:	D.L. #:	Prov.:
Auto Make, etc.:		Seat Belt?	Travel Direction?
Condition:	Damage Amt.:	Speed:	Headlights
Passenger:	Address:		Injured?
Passenger:	Address:		Injured?
Passenger:	Address:		Injured?
Passenger:	Address:		Injured?
Passenger:	Address:		Injured?

Vehicle #2 Particulars

Owner:		Injured?	Driver:		Injured?
Address:			Address:		
City/Prov./PC:			City/Prov./PC:		
Plate #:	Prov.:		D.L. #:	Prov.:	
Auto Make, etc.:			Seat Belt?		Travel Direction?
Condition:		Damage Amt.:		Speed:	Headlights
Passenger:	Address:				Injured?
Passenger:	Address:				Injured?
Passenger:	Address:				Injured?
Passenger:	Address:				Injured?
Passenger:	Address:				Injured?

Vehicle #3 Particulars

Owner:		Injured?	Driver:		Injured?
Address:			Address:		
City/Prov./PC:			City/Prov./PC:		
Plate #:	Prov.:		D.L. #:	Prov.:	
Auto Make, etc.:			Seat Belt?		Travel Direction?
Condition:		Damage Amt.:		Speed:	Headlights
Passenger:	Address:				Injured?
Passenger:	Address:				Injured?
Passenger:	Address:				Injured?
Passenger:	Address:				Injured?
Passenger:	Address:				Injured?

Available Evidence

Contrib. Neg.?	Alcohol?	Scene Study?
Photographs?	Charges?	Letters?

Police Investigation

Police Force:	Officer:	Stmt. Given?
Stmt. Detail:		
Vehicle Move?	People Leave?	Accident Team?

Witnesses

Name:	Telephone:		
Address:	Passenger?	Injured?	
Stmt. Detail:			
Name:	Telephone:		
Address:	Passenger?	Injured?	
Stmt. Detail:			
Name:	Telephone:		
Address:	Passenger?	Injured?	
Stmt. Detail:			

Insurer Involvement

Name:	Adjustor:	
Address:		
File #:	Telephone:	Facsimile:
Stmt.:		

Insurer Involvement

Name:	Acting For?	
Address:		
File #:	Telephone:	Facsimile:

Medical Information**Medical
History:****Injuries:****Ambulance?****EMT?****Attending Physician:****Hospitalization?****Admission:****Discharge:****Treatment:****Physicians****Name:****Address:****File #:****Telephone:****Facsimile:****Treatment:****Name:****Address:****File #:****Telephone:****Facsimile:****Treatment:****Name:****Address:****File #:****Telephone:****Facsimile:****Treatment:****Disability****Total?****Particulars:****Partial?****Particulars:****Related
Prior
Medical
Condition:**

Ongoing Medical Information

Limitation of motion associated with complaints:

Pain associated with movement generally:

Present treatment, medication:

When pain or disability experienced:

How injury affects daily living:

Record if pain has gone or injury no longer perceived:

Note dates of visits to doctors:

Care costs:

Employment Income Particulars

Wage Rate:

Monthly Earnings:

Lost Bonus:

Lost Sick Leave:

Lost Promotion:

Lost Commission:

Pension Benefits:

Breakdown of use of earnings:

Employment History:

Employment Loss:

Income Security Information

Sick leave
particulars:

SGL weekly
indemnity
particulars:

EI disability
benefits:

CPP LTD:

Other LTD:

WCB:

Special Damages

Personal items
lost:

Personal property floater:

Hospital TV:

Nurse:

Room:

Med. Supplies:

Dental:

Optical:

Drugs:

Mileage:

Prosthetics:

Labour Sub...:

Babysitting:

Housekeeping:

Veh. Damage:

Ambulance:

Other property
damage:

Required Documentation

Proof of Claim?	Med. Auth.?	Emp. Auth.?
SHSP Auth.?	CRA Auth.?	SGI Acc. Report?
Police Report?	Registration?	Ambulance Report?
Dr. Report?	Hospital Records?	Inquest?
Admin. Ad Litem?	Next Friend?	Fatal Accident?

Miscellaneous**Promotion likelihood:****Job hazardous?****If in union, supply CBA:****Planned retirement age:****Pension loss:****Replacement homemaking:****Provide last 5 years IT returns:****Misc.:**