



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:
SGI 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:		

