



Insurance Claim Application

CLAIM NUMBER	LOC. CODE	RESOURCE NAME	RESOURCE NUMBER	TELEPHONE NUMBER
APPLICANT'S NAME			HOME PHONE	HOME E-MAIL ADDRESS
ADDRESS			BUSINESS PHONE	BUSINESS E-MAIL ADDRESS
DATE OF LOSS (ddmmmyyyy)	DATE OF BIRTH (ddmmmyyyy)	DRIVER'S LICENCE NUMBER	MARITAL STATUS	<input type="checkbox"/> Male <input type="checkbox"/> Female
PERSONAL HEALTH NUMBER	IDENTITY AND DEPENDENT NUMBER	I was (✓) check one <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Pedestrian		

Describe injury resulting from accident

Attending doctor's name

Attending doctor's address

Family doctor's name

Family doctor's address

Transported by Ambulance? ☐ No ☐ Yes

Other medical insurance plans ☐ No ☐ Yes Insurer and plan no.

Name of spouse

Name(s) of dependent(s)

Occupation Employer

Employer's address

Date you started current employment Anticipated length of time off work (if any)

Gross salary per month \$ If hourly, per hour \$ Total hours per week

Sick leave plan

If unemployed, give previous 12 months employment including dates of employment

Were injuries sustained in course of employment? ☐ No ☐ Yes

If Yes, have you applied for WCB benefits? ☐ No ☐ Yes

If No, have you applied for EI benefits? ☐ No ☐ Yes

Describe any pre-existing injury

Information collected on this form is done so in accordance with Section 26 of the Freedom of Information and Protection of Privacy Act and Section 9 of the Insurance Corporation Act. This information will be used primarily in the evaluation and settlement of your current claim. There is also the possibility it will be referenced on future claims you may have. Questions about the collection or use of personal information should be directed to your adjuster.

The above information is provided along with related medical information as a basis for my insurance claim and is true and complete. I agree to advise ICBC of any information or changes that may affect my claim. I understand that it is an offence to provide false or misleading information.

WITNESS TO APPLICANT'S SIGNATURE

APPLICANT'S SIGNATURE

DATE

RETURN TO