

ACCIDENT QUESTIONNAIRE

110009 108 Street NW, Edmonton, Alberta T5J 3C5 Telephone: 587-756-8631 or 1-800-763-6206 Fax: 780-441-2605 Toll-free fax: 1-855-660-2605

ab.bluecross.ca

		lue Cross, Life & Disability Services. S	See contact informatio	on abov	e.			
Name of your employer				Your position/job title				
_								
Employee (plan member) information Last name				First name			Middle initial	
						auca.		
Group/policy number Section		ID number		Birth date (YYYY-MM-	-DD)	Gender		
						MF		
Address			City/town		Province		Postal code	
Home phone W		Work phone	Cell phone		Email	Email		
1.	1. On what date were you injured? (YYYY-MM-DD) Exact time? □ a.m. □ p.m.							
2.	. Where did the accident happen?							
3.	3. Were you driving when the accident occurred?							
4.	Where had you been and where were you going at the time of the accident?							
5.	Were you at work when injured? Yes No							
6.	Was the accident reported to the police? Yes No If yes, date reported and address of police department (YYYY-MM-DD)							
	Please attach copy of the police report							
7.	Had you been drinking prior to the accident Yes No If yes, to what extent and where?							
8.	Were there any charges laid by the police? Yes No If yes, what and against whom?							
9.	If the answer to the above question is yes, has the case been heard? Yes No							
	If yes, what was the outcome?							
	If no, when will the case go to court? (YYYY-MM-DD)							
10.	Was the accident reported to any other person, agency or auto insurer?							
	If yes, date reported, name and address of person, agency or auto insurer (YYYY-MM-DD)							
11.	To what extent were you injured (give full details)?							
12.	Name and address of witness							
13.	Please give a complete description of the events surrounding the accident (use back of sheet if your require more space)							
14.	4. Are you pursuing legal action? Yes No If yes, date reported, name and address of lawyer							
	Date (YYYY-MM-DD) Name		Add	ress				
15.	. Have you returned to work? Yes No If yes when? (YYYY-MM-DD) If no, when do you expect to do so? (YYYY-MM-DD)							
I hereby declare that the answers to the above questions are accurate and complete								
Signature of plan member Date (YYYY-MM-DD)								
Jigi								



