ALBERTA BLUE CROSS®

ACCIDENT QUESTIONNAIRE

10009 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

To be completed by the plan member. Submit directly to Alberta Blue Cross, Life & Disability Services. See contact information above.

Name of your employer	Your position/job title

Employee (plan member) information

Last name		First name		Middle initial
Group/policy number	**Section**	**ID number**	**Birth date (YYYY-MM-DD)**	**Gender** ☐ M ☐ F
Address		**City/town**	**Province**	**Postal code**
Home phone	**Work phone**	**Cell phone**	**Email**	

1. On what date were you injured? (YYYY-MM-DD) Exact time? ☐ a.m. ☐ p.m.
2. Where did the accident happen?
3. Were you driving when the accident occurred? ☐ Yes ☐ No
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? ☐ Yes ☐ No
    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. Are you pursuing legal action? ☐ Yes ☐ No If yes, date reported, name and address of lawyer

Date (YYYY-MM-DD)	Name	Address

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)

*Blue Cross Life Insurance Company of Canada underwrites all life and income replacement benefits.