



ICBC ACCIDENT INFORMATION AND CONSENT

- NAME: _____
- DOB: (MM/DD/YYYY) _____
- PHN: _____
- CLAIM NUMBER: _____
- DATE OF ACCIDENT: _____
- ADJUSTER NAME: _____
- ADJUSTERS PHONE: _____
- ADJUSTERS EMAIL: _____

BREIF DESCRIPTION OF THE ACCIDENT:

WERE THERE ANY XRAYS TAKEN? Y ____ N ____

WHAT ARE YOUR CURRENTLY UNABLE TO DO THAT YOU COULD DO PRIOR TO YOUR ACCIDENT?

HAVE YOU BEEN MISSING ANY WORK OR SCHOOL? Y ____ N ____

Consent on Section 28 or 28.1 of the Insurance (Vehicle) Act, I consent to share information related to the history, examination, assessment and management of the injury related to the motor vehicle accident with ICBC.

I understand that my consent may be amended or revoked in the whole or in part at any time by providing written notice to the clinic or practitioner.

SIGNATURE: _____ DATE: _____