

# ICBC Accident Report

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Claim No: \_\_\_\_\_ Adjuster: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Where did the accident occur?: \_\_\_\_\_

How did the accident happen?: \_\_\_\_\_

How were you hurt?: \_\_\_\_\_

Where you unconscious?: \_\_\_\_\_ Where were you taken after the accident?: \_\_\_\_\_

What was done there?: \_\_\_\_\_

Did you return to work?: \_\_\_\_\_ If so, what type of work?: \_\_\_\_\_

How long were you off work? \_\_\_\_\_ What treatments have you received?: \_\_\_\_\_

Name of doctor?: \_\_\_\_\_

What medication did you take?: \_\_\_\_\_

Are you still taking medication?: \_\_\_\_\_ If so, how often and how much?: \_\_\_\_\_

Are you still receiving treatment?: \_\_\_\_\_ If so, what kind and how often?: \_\_\_\_\_

Have you seen any other doctors (list)?: \_\_\_\_\_

What were you told was wrong with you?: \_\_\_\_\_

What are your present complaints (list)?: \_\_\_\_\_

Are you doing the same kind of work you were doing at the time of injury?: \_\_\_\_\_

If not, when did you discontinue doing your regular work?: \_\_\_\_\_

What are you doing now & when did you start?: \_\_\_\_\_

Have you ever had surgery?: \_\_\_\_\_ If so, please list dates and conditions: \_\_\_\_\_

Have you had any previous accidents?: \_\_\_\_\_ If so, please list dates, how you were injured, how long you were off work, what treatments you received, and what, if any problems you still have as a result of those injuries: \_\_\_\_\_

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