

# AUTOMOBILE POLICY - SECTION B - ACCIDENT BENEFITS

IBC CLAIM FORM NO. 12A

(For use in Quebec with Q.E.F. 34 & 78, not for use in Ontario. Ontario has regulated AB forms.)

## INITIAL CLAIM

		Claim No./Policy No.	
<b>Your Name</b>		Date of Birth	Telephone No.
<b>Address</b>			
<b>Employers</b>	Name	Name	
	Address	Address	
	If you were unemployed at the date of the accident, for how much of the 12 months preceding the accident were you employed and working?		
<b>Occupation or duties</b>			
<b>Accident</b>	Date	Details	
<b>Injuries you received</b>			
<b>Doctors</b>	Name	Name	
	Address	Address	
<b>Workers' Compensation and other comp.</b>	a) Were you in the course of your employment at the time of the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	b) Are Workers' Compensation, Quebec Crime Victims Compensation or Quebec Automobile Insurance (Regie) benefits payable as a result of this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>U.I.C.</b>	Are U.I.C. benefits payable as a result of this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Other Benefits</b>	Are you entitled to any other income benefit as a result of this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "yes", from whom?		
	Amount	Per Wk./Month	Name
	\$		
	\$		
<b>Income</b>	State your average gross weekly income: \$		
<b>Time Lost</b>	a) State date you were first unable to work		
	b) Have you returned to work since the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	if "yes", when did you return?		
	For how long?		
<b>Benefits claimed</b>	LOSS OF INCOME from 20 to 20		
	I hereby state that during the period for which I am claiming loss of income benefits I have been unable to perform the essential duties of my employment.		