



ICBC Personal Injury Claim

Name: _____ ICBC Claim #: _____

Date of Accident: _____ ICBC Adjuster: _____

Have you consulted any Health professionals since the accident? (i.e. MD, chiropractor, physio, RMT, other)
Have you had any X-rays taken? _____

Were you: driving passenger (front seat) passenger (back seat)?

Were you wearing a seat belt? Yes No

Were you: facing forward to the side looking over left shoulder looking over right shoulder

Were you: struck from behind struck in front struck on the left side struck on the right side struck
other circumstances? _____

In your own words, please describe the accident:

Did you have any physical complaints BEFORE the accident? If so, please explain.

Since the accident (as a result of), what complaints do you have?

Please mark on the diagram the areas affected by the accident:

Are you taking any medications for your symptoms? If so, what? _____

Since the accident occurred, are your symptoms: improving getting worse
 the same

Do these complaints/injuries affect your daily activities or work activities? If so, in what way? _____

