

Part 1. Claimant Information

Last Name		First Name		Middle Name(s)	
Mailing Address				City or Town	
Province	Country	Postal Code	Email Address		
Telephone Number	Date of Birth (dd-mm-yyyy)		Date of Accident (dd-mm-yyyy)		
Policy Number (if known)			Claim Number (if known)		
Insurance Company					

Part 2. Health Care Practitioner Information

Full Name of Health Care Practitioner			
Profession			
Professional License Number, Registration Number, Association Membership Number as applicable			
Mailing Address			
City	Province	Country	Postal Code
Clinic Name		Administrative Contact's Full Name	
Telephone Number		Fax Number	
Email		Preferred Contact Method	
		☐ Phone ☐ Email	

Part 3. Scar Information (all measurements to be recorded in centimetres)

1. Scar

Scar Location	Scar Type (e.g., irregular, raised, or discoloured)
Scar Description	
Scar Length	Scar Width
Specify if the scar is	
☐ Conspicuous	☐ Inconspicuous
☐ Flat	☐ Faulty
☐ Presents with an alteration in form and symmetry	

Add scar

Part 4. Health Care Practitioner Signature

I certify that the information provided is true and correct to the best of my knowledge.

Full Name of Health Care Practitioner (Please Print)	Date (dd-mm-yyyy)	Signature

This report is provided pursuant to section 58 of the *Automobile Insurance Act*, which requires an assessing or treating health care practitioner, upon request, to provide information reasonably required by the insurer related to the claimant's bodily injury for the administration of the claim.