

## CLAIM MOTOR VEHICLE ACCIDENT QUESTIONNAIRE

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Unique Client ID.: \_\_\_\_\_

1. Date of Accident (MM/DD/YYYY):	2. Time of Accident: <input type="checkbox"/> AM <input type="checkbox"/> PM	
3. Location of Accident:		
4. How many vehicles were involved, including the vehicle you occupied?		
5. Were you the driver of the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Were you driving while under the influence of alcohol or drugs at the time of accident? <input type="checkbox"/> Yes <input type="checkbox"/> No		
7. Total Cost of Damage to your Vehicle including year/model:		
8. Total Cost of Damage to other Vehicle if applicable, including year/model:		
9. Please describe how accident happened:		
10. Please provide all information pertaining to your insurance carriers (including Auto, Group Health & Group Life Insurance companies):		
Name of Insurance Company	Policy Number	Contact Name/Phone Number
11. Were there any charges laid? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes – which party was charged?		
What were the charges laid?		
Is a copy of the Police Report available? If so, please provide a copy. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please provide any additional details you feel would assist in the review of your file:		

By signing below, you acknowledge & understand that the answers on this questionnaire are true & complete. You authorize the Insurer to obtain, provide and exchange such personal information as may be required for the adjudication of your claim. You understand concealment, misrepresentation or false declaration concerning this questionnaire could jeopardize your claim.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

## PROTECTING YOUR PERSONAL INFORMATION

At The Canada Life Assurance Company we recognize and respect the importance of privacy.

### Your personal information:

- When you apply for coverage, we establish a confidential file that contains your personal information like your name, contact information, and products and coverage you have with us. Depending on the products or services you apply for and are provided with, this may also include financial or health information.
- Your information is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life.
- You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Canada Life.

### Who has access to your information:

- We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties and to persons to whom you have granted access.
- In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside Canada.
- Your personal information may also be subject to disclosure to public authorities or others authorized under applicable law within or outside Canada.

### What your information is used for:

- Personal information that we collect will be used for the purposes of determining your eligibility for products, services or coverage for which you apply, providing, administering or servicing products or coverage you have with us, and for Canada Life's and its affiliates' internal data management and analytics purposes.
- This may include investigating and assessing claims, paying benefits, and creating and maintaining records concerning our relationship.

The consent given in this form will be valid until we receive written notice that you have withdrawn it, subject to legal and contractual restrictions. For example, if you withdraw your consent, we may not be able to continue to adjudicate or administer a claim for benefits.

This consent may be revoked by me at any time by sending a written instruction. I agree that a copy of this authorization is as valid as the original.

### If you want to know more:

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to [www.canadalife.com](http://www.canadalife.com).

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YYYY)

## PLEASE SUBMIT COMPLETED FORM TO:

**THE CANADA LIFE ASSURANCE COMPANY**  
**CREDITOR INSURANCE**  
**CLAIMS DEPARTMENT**  
330 UNIVERSITY AVENUE, TORONTO, ONTARIO, CANADA M5G 1R8  
FAX NO.: 416-552-6557

E-MAIL ADDRESSES : WESTERN & NORTHERN PROVINCES: [VANCOUVER\\_CREDITOR@CANADALIFE.COM](mailto:VANCOUVER_CREDITOR@CANADALIFE.COM)  
ONTARIO: [TOR\\_CREDITOR\\_CLAIMS@CANADALIFE.COM](mailto:TOR_CREDITOR_CLAIMS@CANADALIFE.COM)  
QUÉBEC: [CREANCES.MONTREAL@CANADALIFE.COM](mailto:CREANCES.MONTREAL@CANADALIFE.COM)  
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