

## Summary Report Effective November 1, 2022 - V 1.0

Company Numbe	r: F	FA Claim Number:				Type of Claim Summary is Submitted For:		
Date Form Is Completed:					Completed By:			
Insured Name:				Gender:		Underwriting Jursidiction:		
Optional Benefits	:		Endorsements:			Date of Loss:		
optional benefits	Name of Claimant Whom Summary Pertains To:		Endorsements.			Date 01 1000.	RSP Member	Private Passenger
Initial Report								Commercial
Revision							Servicing Carrier	
	drace:							Other Company Claim Number:
Company Name and Address:  Company Claim Number:								
Lange Miles								
Insured Address:								Company Policy Number:
T.P. Liability Limits:	Location of Loss (City, Province/State):		Policy Effective Date (mm/dd/yyyy):	F	Policy Expiry Da	te (mm/dd/yyyy):		Loss Date (mm/dd/yyyy):
Complete overview of the claim including pertinent information such as:								
Complete overview of the claim including pertinent information such as:  -Facts, liability, quantum, fraud identified, information relevant or unique to the claim -Claimants details and background (age at time of MVA, employment etc.)  -Coverages (questions, exclusions, issues in dispute, optional coverage or collaterals)								
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- coverages (ques	stions, exclusions, issues in dispute,	optional c	overage or collaterals)					
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Synopsis of:  • Medical information (claimants injuries, current condition (including ongoing treatment, return to activities of daily living and work) and expected future condition/impairments)  • Accident reconstruction reports impairments  • Recommendations and evaluation of counsel and the status of any legal proceedings including outstanding productions and dates of completed and pending matters								
Accident recons	truction reports impairments	naition (iii	cidding ongoing treatment, return to activit	ies of daily in	villig allu w	ork) and expected ruture i	condition/impairme	116)
Recommendation	ons and evaluation of counsel and t	he status o	of any legal proceedings including outstanding	ng productio	ns and dat	es of completed and pend	ling matters	
The intended	ork plan including any action to bein	a the clai~	a to conclusion. Also include any additional	rolovant info	rmation :-	this hov		
The intended work plan including any action to bring the claim to conclusion. Also include any additional relevant information in this box.								
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