

Summary Report Effective November 1, 2022 - V 1.0

Company Number:		FA Claim Number:		Type of Claim Summary is Submitted For:	
Date Form Is Completed:		Reporting Period Form Pertains To:		Completed By:	
Insured Name:		Gender:		Underwriting Jurisdiction:	
Optional Benefits:		Endorsements:		Date of Loss:	
Initial Report Revision	Name of Claimant Whom Summary Pertains To:			RSP Member Servicing Carrier	Private Passenger Commercial Other
Company Name and Address:					Company Claim Number:
Insured Address:					Company Policy Number:
T.P. Liability Limits:	Location of Loss (City, Province/State):	Policy Effective Date (mm/dd/yyyy):	Policy Expiry Date (mm/dd/yyyy):	Loss Date (mm/dd/yyyy):	
<p>Complete overview of the claim including pertinent information such as:</p> <ul style="list-style-type: none"> •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) 					
<p>Synopsis of:</p> <ul style="list-style-type: none"> •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 					
<p>The intended work plan including any action to bring the claim to conclusion. Also include any additional relevant information in this box.</p>					