



FAC 51 - Bodily Injury Worksheet Effective November 1, 2022 - V 1.0

Company Number:		FA Claim Number:		Company Name:		Company Claim Number:	
Date Form Is Completed:		Reporting Period Form Pertains To:		Completed By:			
Claimant Name:		Dependents:		Gender:		Occupation:	
Date of Birth:		Jurisdiction:		Other Insurers Involved (LTD, AB, Own Underinsured Coverage, etc.):			
Marital Status:		WSIB/ WCB: Yes No					
Position in Described Vehicle: Driver Passenger Pedestrian TP Vehicle Occupant Cyclist							
Optional Benefits:		Endorsements:		Date of Loss:			
Claimant Counsel Law Firm:		Carrier Counsel Firm:		Annual Income:			
Claimant Counsel Lawyer Name:		Carrier Counsel Lawyer Name:		Employment Status:			
Collaterals Being Received:							
Nature & Extent of Initial Injuries:							
Collateral Benefits Available:							
Time In Hospital:		Medical Interventions/Treatment:					
Current Status of Claimant:							
Status of Claim Proceedings:							

A		B		C	
General Damages:	\$	Wages	\$	Future Wage Loss / LOCA	\$
FLA: (net)	\$	Other Wage	\$	Housekeeping/Home Maintenance	\$
Deductible	\$	Less Liability	% \$	Future Meds	\$
Less Liability	% \$	Sub Total:	\$	Other	\$
Sub Total:	\$	Less Accident Benefits	\$	Sub Total:	\$
Deductible	\$	Less Collaterals	\$	T/P Costs	\$
PJI. X Years \$		Sub Total:	\$	Defense Costs	\$
		PJI. X Years \$		Total of C:	\$
Total of A:	\$	Total of B:	\$	Grand Total of A + B + C:	\$

Please provide details of any coverage questions, contributory negligence, pre-existing, concurrent or subsequent injury, illness or medical conditions.

Please provide details of any Present Values and Annuity Quotes.