

Name of claimant		
Policy number		
Accident date		
Claim number		
Statement period	Begins	Ends

Company contact information
(Minimum required information: Insurer name, address, contact name & telephone number)

You are receiving this statement in accordance with the Statutory Accident Benefits Schedule (SABS). Payments that have been made on your behalf may affect the amount of coverage remaining under the policy. Please review this statement to make certain that the transactions accurately represent payment for treatments, assessments, goods and services that you have received to assist you in recovering from your injuries. Please notify us of any inaccuracies.

MEDICAL & REHABILITATION POLICY LIMIT	Medical & Rehabilitation Payees Since Last Statement	Goods/Services Provided	Payment Date	Amount
<input type="text"/>				
Total paid since accident				
<input type="text"/>				
Total amount of Medical & Rehabilitation benefits remaining under policy				
<input type="text"/>	Total Medical & Rehabilitation assessments paid since last statement			
	Total Medical & Rehabilitation benefits (excluding assessments) paid since last statement			

*Insurer Examination expenses are not deducted from your available Policy limits

Insurer Examination* Payees	Payment Date	Amount
Total Insurer Examinations since last statement		

ATTENDANT CARE POLICY LIMIT*	Attendant Care Payees Since Last Statement	Payment Date	Amount
<input type="text"/>			
Total paid since accident			
<input type="text"/>			
Total amount of Attendant Care benefits remaining under policy			
<input type="text"/>	Total Attendant Care benefits paid since last statement		

* Attendant Care benefits are not payable for claimants whose injuries are determined to be minor injuries.

Overall policy limit remaining if \$1 million optional benefit purchased	<p>If you have purchased the additional \$1 million optional combined medical, rehabilitation and attendant care benefit, despite the policy limits shown above, the sum of all medical, rehabilitation and attendant care benefits paid cannot exceed:</p> <ul style="list-style-type: none"> \$1,172,000 if you have not sustained a catastrophic impairment; or \$3,000,000 if you have sustained a catastrophic impairment.
<input type="text"/>	

Help fight fraud. Please notify your insurance company, the Insurance Bureau of Canada at 1-877-IBC-TIPS, or the Financial Services Commission of Ontario's Fraud Hotline at 1-855-5TIP-NOW of any suspicious payments.

Medical & Rehabilitation benefits are paid on your behalf to health care clinics, health care professionals or medical equipment providers that supply goods and services that have been prescribed on your behalf. Invoices for the goods and services that are paid on your behalf have been submitted by a regulated health professional or other provider.

Assessments and examinations are conducted by regulated health professionals to answer questions about an injury, cause of injury or appropriate treatment. Assessments and examinations may be initiated by a regulated health professional. These expenses, if approved by the insurer, are paid as Medical & Rehabilitation benefits. Insurers may also request *Insurer Examinations*, in which case the expense is paid for by the insurer and is not deducted from your Medical & Rehabilitation limits. The expenses shown do not include translation or transportation costs.

Attendant Care benefits are paid to hire or compensate persons that provide the insured person with personal care services.