

Accident Benefit Claim - Prescribed Forms

The following prescribed Accident Benefit Claim forms were updated in April 2017. For a description of the changes, see [Superintendent of Insurance Bulletin 01-2017](#) (PDF, 75 KB).

- [AB-1: Notice of Loss and Proof of Claim Form](#) to be completed by claimant (PDF, 315 KB) (April 11, 2017)
- [AB-1A: Claim for Disability Benefits Form](#) to be completed by physician (PDF, 228 KB) (April 11, 2017)
- [AB-2: Treatment Plan Form](#) to be completed by primary health care practitioner (PDF, 221 KB) (April 11, 2017)
- [AB-3: Progress Report Form](#) to be completed by primary health care practitioner at request of insurer (PDF, 223 KB) (April 11, 2017)
- [AB-4: Concluding Report Form](#) to be completed by the primary health care practitioner who provided the treatment and completed Form AB-2, or who completed the majority of treatment visits (PDF, 224 KB) (April 11, 2017)