

Return this form to:

Expenses Claim Form (OCF-6)

Use this form for accidents that occur on or after January 1, 1994

Claim Number

Policy Number

Date of Accident (yyyy/mm/dd)

Only use this form to claim expenses not submitted on your behalf by your health care provider.

You may be eligible for reasonable and necessary expenses incurred because of the accident. Such expenses may include the costs of medical and rehabilitation treatment and attendant care services, lost educational expenses, caregivers, home maintenance and housekeeping services, transportation expenses, expenses of visitors, and the cost to repair or replace lost or damaged clothing, dentures, glasses, prostheses, hearing aids, etc. Please attach all bills and receipts.

Part 1 - Applicant Information

Last Name

First Name and Initial

Gender

Street Address

City/Town

Province

Postal Code

Date of Birth (yyyy/mm/dd)

Home Telephone

Work Telephone

Extension

Part 2 - Expenses

Attach all bills and receipts. If a bill or receipt is not available, please explain. If you need more space, please attach additional sheets.

Item	Date (yyyy/mm/dd)	Description of Goods and Services and Name of Service Provider	Amount
Total amount			

☐ (attach additional sheets if necessary)

Part 3 - Signature

I certify that the information provided is true and correct. I understand that it is an offence under the *Insurance Act* to knowingly make a false or misleading statement or representation to my insurer in connection with my entitlement to a benefit under a contract of insurance. I further understand that it is an offence under the *Criminal Code* for anyone, by deceit, falsehood, or other dishonest act, to defraud or attempt to defraud an insurance company. I further understand that the use and disclosure of information contained on this form is subject to the terms described on my Application for Accident Benefits.

Name of Applicant or Substitute Decision Maker (please print)	Signature of Applicant or Substitute Decision Maker	Date (yyyy/mm/dd)

Print Form

Clear Form

Save Form