



Required Information for the valuation of a Future Cost of Care report			
Personal Information			
Salutation	First Name	Last Name	Gender
Date of Birth	Month	Day	Year
Report Information			
	Month	Day	Year
Accident Date			
Valuation Date			
Report required by			
Future Cost of Care Assessment Report			
Type of Injuries <small>(Please circle one option)</small>			
Catastrophic		Non-Catastrophic	
Splitting of valuation results into SABS and Tort portion <small>(Please circle one option)</small>			
SABS and Tort Split		SABS only	Tort only
Please provide the amount of SABS benefits paid before the Valuation Date*			
Medical and Rehabilitation			
Attendant Care			
Housekeeping services			
Please provide name of the insurance company paying the SABS benefits*			
Treatment of TBD items <small>(Please circle one option)</small>			
Ignore TBD items	Call to discuss TBD items	Make appropriate assumptions on TBD items and provide a summary for review	No TBD items in the medical report
Completed Acknowledgement of Expert Duty form 53			

*** Not required for Tort only cases**

The information collected by TCL Economic Valuation Experts will be solely used in determination of the capitalized value of Future-Cost-of-Care and preparation of an actuarial report.

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