

L3001 Conflict and Availability Check for Fatal Accident Cases Step 1

Note: This is an interactive form. Please save this form to a local drive prior to entering your information.

This form applies to those who would like to request for consultation or written reports for fatal accident cases.

This is the first of two steps. The first step is conflict check and availability check, and to provide Westcoast Actuaries Inc. with basic information about the case. If you have already done this over the phone with our staff, please contact us to complete the second step regarding your fatal accident case.

Please send us the following information:

- Completed L3001 form
- Basic information about the case

1. Basic information about the fatal accident case:

First name of deceased	<input type="text"/>					
Last name of deceased	<input type="text"/>					
Gender of deceased	<input type="text"/>					
Name of the contacting lawyer(s)	<input type="text"/>					
Name of the contacting law firm	<input type="text"/>					
Name(s) of third parties, if any	<input type="text"/>					
Name of the opposing lawyer(s)	<input type="text"/>					
Name of the opposing law firm	<input type="text"/>					
ICBC adjuster, if WAI is retained by defence counsel	<input type="text"/>					
ICBC claim number, if WAI is retained by defence counsel	<input type="text"/>					
Start date of proceedings	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Date of mediation	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Date of settlement conference	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Deadline for submitting our report(s)	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>
Date to reserve for testifying	Year	<input type="text"/>	Month	<input type="text"/>	Day	<input type="text"/>

2. General scope of the assignment (check all applicable):

Types of service required:

- Full written report
- Rough estimate to test adequacy of settlement offer
- General advice
- Review a report prepared for the other side
- Rebuttal report
- Other:

Types of report required:

- Past loss of financial support
- Future loss of financial support
- Past and future loss of household services
- Investment management expenses
- Income tax gross up
- Rebuttal report
- Other:

3. Deceased information

Basic background about the deceased at time of injury (please check all applicable boxes):

- Minor
- Student
- Under age 25
- Aged 25-35
- Over age 35
- With an established job
- Without an established job
- Self-employed
- Disabled
- Elderly retired person
- With spouse/common law partner
- With children (please indicate the number of children involved:)

Cause of injury:

- Motor vehicle accident
- Medical negligence
- Work accident
- Other:

Lawyer contact information:

Name of lawyer	<input type="text"/>
Company name	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>