AIG Insurance Company of Canada
120 Bremner Boulevard, Suite 2200
Toronto, ON M5J 0A8
416-596-4005 | 1-877-317-8060
ahclaimscan@aig.com | www.aig.com

PHYSICIAN'S STATEMENT
Loss of Hearing

Policyholder: Province of New Brunswick

1. Full name of Insured: _____ Date of Birth (M/D/Y): _____

2. Full description of injury sustained: _____
   _____

3. Date of First Attendance (M/D/Y): _____ Date of Actual Loss (M/D/Y): _____

   a) Please outline all treatment provided with regards to condition and attach a copy of all audiology test results and consultation reports: _____
   _____
   _____

   b) Please outline any scheduled surgery or corrective treatment and dates for such treatment:
   _____
   _____

   c) Percentage of Hearing Loss: _____% ☐ Left Ear or ☐ Right Ear

4. Is claim the direct result of an accident? ☐ Yes ☐ No

5. Did any disease or previous injury contribute to loss? ☐ Yes ☐ No If yes, describe: _____
   _____

   a) Is loss complete and irrecoverable? ☐ Yes ☐ No

6. Was claimant hospitalized? ☐ Yes ☐ No If yes, give hospital name, address and date admitted:
   _____
   _____

7. Name and address of other physicians or surgeons, if any, who attended claimant.
   _____
   _____

8. Are you related to or in a business relationship with this patient? ☐ Yes ☐ No

These statements are true and complete to the best of my knowledge and belief.

Name of Attending Physician: _____
Address: _____
Signature of Attending Physician: _____ Date (M/D/Y): _____
Phone Number: _____ Fax Number: _____

The submission of forms shall not be an admission of liability by the Company.