Vehicle Adaptation or Acquisition Request

NOTE: If the customer is a driver, this report should only be completed *after* a Functional Driver Evaluation has been completed and only upon request of your Claims Contact.

CLAIM NUMBER	RECOVERY SPECIALIST	DATE OF CRASH (dd/mmm/yyyy)
RECOVERY SPECIALIST EMAIL		RECOVERY SPECIALIST PHONE NUMBER
DATE OF THIS REPORT	REPORT BEING COMPLETED BY	
ASSESSOR PHONE NUMBER	ASSESSOR EMAIL	

CUSTOMER INFORMATION		
FIRST NAME		LAST NAME
DATE OF BIRTH (dd/mmm/yyyy)	PHONE NUMBER	EMAIL
ADDRESS		
ADDRESS		
CLIENT DRIVER'S LICENCE(S)		CLASS(ES)
RESTRICTIONS ON DRIVER'S LICENCE ☐ Yes ☐ No (If yes, please include date and license restrictions, if known)		
FUNCTIONAL DRIVER EVALUATION (FDE) DATE (If applicable)		FDE ASSESSMENT CONDUCTED BY (If applicable)
Adaptation or acquisition request is to accommodate customer as a: ☐ Passenger ☐ Driver		

Nature of Disability		
☐ Paraplegic If so, ☐ Complete or ☐ Incomplete	☐ Quadriplegic If so, ☐ Complete or ☐ Incomplete	☐ Hemiplegic If so, ☐ Right ☐ Left
☐ Amputee (If so, please *specify*)		
☐ Traumatic Brain Injury (If so, please *specify*)		
☐ Other (If so, please *specify*)		

Relevant Medical and Rehabilitation Information

Reason for Referral (including outcome of Functional Driver Evaluation, if conducted)

Mobility Aid Information

Customer uses the following mobility aids:

☐ Crutch/Cane/Walker ☐ Manual wheelchair ☐ Power wheelchair ☐ Scooter ☐ Other:

Current Transportation

Customer is registered owner of vehicle ☐ Yes ☐ No	MAKE	MODEL	YEAR

Is current vehicle suitable for adaptation? ☐ Yes ☐ No ☐ N/A If no, please provide additional relevant information:

Is this a subsequent adaptation or acquisition request? ☐ Yes ☐ No If yes, please provide year of last adaptation or acquisition:

For subsequent requests, please list below all existing adaptations on current vehicle and outline functional/objective rationale for the subsequent request.

Is the current adaptive equipment failing? Have the customers functional abilities changed?

Functional Use of Modified Vehicle (select all that apply)

☐ Driver from OEM seat ☐ Driver from wheelchair ☐ Passenger

Other relevant factors to consider:

RECOMMENDATIONS

Is a vehicle acquisition recommended? ☐ Yes ☐ No

If yes, please select type and outline rationale. ☐ Minivan ☐ Full-size van ☐ Truck ☐ SUV ☐ Other: ☐ Not applicable

Functional/Objective rationale:

☐ Automatic transmission	Functional/Objective rationale
☐ Power driver's seat (OEM)	Functional/Objective rationale
☐ Remote start	Functional/Objective rationale
☐ Block heater	Functional/Objective rationale
☐ Leather seating	Functional/Objective rationale
☐ Additional hands-free control	Functional/Objective rationale
☐ Electric Park brake	Functional/Objective rationale
☐ Power doors	Functional/Objective rationale
☐ Push button start	Functional/Objective rationale
☐ Tilt steering wheel	Functional/Objective rationale
☐ Power mirrors	Functional/Objective rationale
☐ Wheelchair lift (Manual)	Functional/Objective rationale
☐ Wheelchair lift (Automatic)	Functional/Objective rationale
☐ Lowered floor	Functional/Objective rationale
☐ Wheelchair ramp	Functional/Objective rationale
☐ Wheelchair securement	Functional/Objective rationale
☐ Hand controls (Please specify)	Functional/Objective rationale
☐ Lift controls	Functional/Objective rationale

☐ Steering device	Functional/Objective rationale
☐ Torso support	Functional/Objective rationale
☐ Six-way Power seat base	Functional/Objective rationale
☐ Parking brake	Functional/Objective rationale
☐ Reduced effort steering	Functional/Objective rationale
☐ Seatbelt attachment/ securement	Functional/Objective rationale
☐ Electronic assistive driving devices (Please specify)	Functional/Objective rationale
☐ Secondary functions (e.g., Horn, wipers etc.)	Functional/Objective rationale
☐ Seasonal considerations (Please specify)	Functional/Objective rationale
☐ Other:	Functional/Objective rationale
☐ Other:	Functional/Objective rationale
☐ Other:	Functional/Objective rationale
☐ Other:	Functional/Objective rationale

Additional relevant information not captured above:
Is a final fitting required and will additional training be required?

Manual Wheelchair Information (Only complete this section, if applicable)			
WHEELCHAIR MAKE	MODEL/YEAR	RECLINE/TILT/OTHER DETAILS	FOOT REST ☐ Split ☐ Solid
Is this the customer's permanent wheelchair and cushion that will be used to access vehicle? ☐ Yes ☐ No If No, why?			
Relevant measurements to consider for adaptation or acquisition:			

Power Wheelchair Information (Only complete this section, if applicable)			
WHEELCHAIR MAKE	MODEL/YEAR	RECLINE/TILT/OTHER DETAILS	FOOT REST ☐ Split ☐ Solid
Is this the customer's permanent wheelchair and cushion that will be used to access vehicle? ☐ Yes ☐ No If No, why?			
Relevant measurements to consider for adaptation or acquisition:			

ONCE THIS COMPLETED FORM HAS BEEN RECEIVED AND REVIEWED, YOUR CLAIMS CONTACT WILL CONNECT WITH YOU TO DISCUSS NEXT STEPS. PLEASE DO NOT PROCEED WITH SOURCING QUOTES UNTIL OR UNLESS WRITTEN APPROVAL TO PROCEED HAS BEEN RECEIVED FROM YOUR CLAIMS CONTACT.

The choice of make or model of the vehicle and associated cost to be funded is at the discretion of the Corporation. Any costs exceeding the amount approved by the Corporation, including but not limited to costs to upgrade, modify and/or select alternative vehicle options, will be at the customer's expense.

Costs for any vehicle modifications other than modifications required to address claim related limitations are the responsibility of the customer.

This form must be completed in full. Incomplete reports may result in delays and may impact funding approval.

☐ I certify that the information provided is true and correct to the best of my knowledge.

Providing false or misleading information may result in the cancellation of your vendor number, and ICBC may seek financial restitution and/or take legal action.

Personal information on this form is being collected under section 26 of the *Freedom of Information and Protection of Privacy Act (BC)* and section 28 or 28.1 of the *Insurance Vehicle Act (BC)* for the purpose of obtaining a health care report in order to manage the claim. Questions about the collection of this information may be directed to the claim representative, or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.