

Treatment Travel Expense

Submit online at or return to

icbc.com/claimdetails ICBC PO BOX 2121, STN TERMINAL VANCOUVER BC V6B 0L6



Fax 1-877-686-4222

For faster processing and status tracking, submit your expenses online at icbc.com/claimdetails

Please read these instructions before completing the form.

We cover reasonable travel costs to and from medical appointments for injuries related to the crash. To qualify for reimbursement, an expense must be submitted within 180 days after it is incurred.

- 1. Print your name and your ICBC claim number on your Treatment Travel Expense form
- 2. List each trip travelled for treatment of your injuries related to your claim
- 3. Sign and date the form and then submit it to us for review

If you travel using a personal vehicle, then list each trip travelled on page 2:

- ✓ If you drove directly to the appointment and back, claim the total kilometres you drove.
 - If you are completing the form on paper, multiply your total distance by 0.55 and enter the result into "total driving costs."
- ✓ If your appointment is not your final stop, claim only the kilometres your appointment adds to your trip.
 - For example, if work is your final stop, then claim only the kilometres the appointment adds to your normal trip to work. If your normal trip to work is 5 km and your trip to the appointment and then to work is 7 km, you would claim 2 km for this trip.
- ✓ You can claim parking while at your medical appointment. Receipts don't need to be submitted with the form, but please keep them for 12 months.

If you travel using a taxi, bus, or other means of transport, then list each trip travelled on page 3:

- ✓ You can claim public transit fares with no receipts.
- ✓ You can claim taxi and ride-hailing fares with receipts if you receive pre-approval from your Recovery Specialist. We do not reimburse for tips or waiting time.

Contact your Recovery Specialist to make arrangements if you need other forms of transportation.

For all travel, you will need to select the trip's purpose:

- ✓ Medical Treatment (MT) If the trip was for an appointment with a health care provider.
- ✓ Travel Companion (TC) If the trip was to escort the injured person to care or treatment because of their physical or mental condition or age.
- ✓ Critical Care Attendance (CCA) If the trip was to support a person who is staying in hospital and who requires critical care because of the crash. Contact your Recovery Specialist for more information about CCA.

CL753 (062024) Treatment Travel Expense Page 1 of 3



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Personal vehicle travel expenses

Name:				ICBC claim number:		
List trips travelled	l in a personal vehic	le for treatmer	nt for injuries	related to the claim.		
DATE OF TRIP dd-mmm-yyyy	PURPOSE OF TRIP	DISTANCE (in km)	PARKING COST	ADDRESS TRAVELLING FROM (street address, city, postal code)	ADDRESS TRAVELLING TO (street address, city, postal code)	
TOTAL DRIVING COSTS						
тот	AL TRAVEL COST					
true and complete		CBC of any in		penefits and by signing this form, I changes that may affect my claim	confirm that this information is . I understand that it is an offence	
SIGNATURE		DATE				

The information you provide on this form is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* (BC) and section 9 of the *Insurance Corporation Act* and will be used to manage your claim. There is also a possibility it will be referenced on future claims you may have. Questions about the collection of this information may be directed to your claim representative or call 604-661-2800 or contact ICBC's privacy office at 151 W. Esplanade N. Vancouver, BC V7M 3H9.



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Other travel expenses

Name:				ICBC claim number:		
List trips travelled	l in a bus, train, taxi or	other mear	ns of travel fo	or treatments for injuries related to	the claim.	
DATE OF TRIP dd-mmm-yyyy	PURPOSE OF TRIP	TRAVEL METHOD	COST OF TRAVEL	ADDRESS TRAVELLING FROM (street address, city, postal code)	ADDRESS TRAVELLING TO (street address, city, postal code)	
3333						
TOTAL TRAVEL COSTS						
true and complete	e above information fo e. I agree to advise IC r misleading information	BC of any in	or accident to	penefits and by signing this form, I changes that may affect my claim	confirm that this information is a. I understand that it is an offence	
SIGNATURE		DATE				
The information you pro	vide on this form is collected	under section 2	6 of the <i>Freedom</i>	of Information and Protection of Privacy Act (6	BC) and section 9 of the Insurance Corporation	

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