



Automobile Proof of Loss

Submit online at icbc.com/claims
 or return to ICBC
 PO BOX 2121, STN TERMINAL
 VANCOUVER BC V6B 0L6
 Fax 1-877-686-4222



CLAIM NUMBER	CLAIMS REPRESENTATIVE	PHONE NUMBER
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To the Insurance Corporation of British Columbia (hereinafter called the "Corporation"):

I/we _____ (hereinafter called the "Insured") hereby claim indemnity from the Corporation pursuant to the Insurance (Vehicle) Act and its Regulation (or the Insurance (MotorVehicle) Act and its Regulation, depending on when coverage was purchased). This claim is for direct and accidental loss or damage to the following Insured motor vehicle and/or its equipment:

<input type="checkbox"/> MOTOR VEHICLE	YEAR	MAKE	MODEL
<input type="checkbox"/> TRAILER/SEMI-TRAILER			
BODY STYLE	VEHICLE IDENTIFICATION NUMBER	PLATE NUMBER	DECLARED VALUE

During the term of the insurance, and at the time of the loss the vehicle was owned solely by the Insured and no other person or corporation had any mortgage, lien or encumbrance thereon except as follows:

A loss occurred on _____, _____ about the hour of _____ am/pm and was caused by _____

The location was _____

The driver was _____

The particulars of other insurance relating to the above vehicle are _____

The actual loss or damage to the said vehicle and equipment was \$ _____

The total amount claimed under the terms of the insurance is \$ _____

The said loss or damage did not occur through the wilful act or procurement of the Insured and nothing has been done with the privity or consent of the insured to violate the conditions of the insurance or render it void.

You are authorized to pay the above claim as follows:

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

Under payment of the total amount claimed and in consideration therefor the Corporation shall be discharged from all further claims by the Insured by reason of the said loss or damage and all rights to recovery from any other person are hereby transferred to the Corporation which is hereby authorized to bring action in the Insured's name to enforce such rights.

The Insured agrees to indemnify the Corporation for any amounts of money which it may be required to pay by reason of any of the statements herein being false.

Statutory Declaration to be completed

Not required

_____ WITNESS

_____ INSURED

_____ DATE

STATUTORY DECLARATION

I, _____ solemnly declare that the statements contained in the foregoing Automobile Proof of Loss are true to the best of my knowledge, information and belief and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARE before me at _____ in the Province)
 of British Columbia,)
 this _____ day of _____)

 A Notary Public in and for the Province of British Columbia
 a Commissioner for taking Affidavits for British Columbia

_____)
 INSURED