Claim Estimate Supplement

Return To ICBC
PO BOX 2121, STN TERMINAL
VANCOUVER BC V6B 0L6

Fax 1-877-686-4222

CLAIM NUMBER	SUPPLIER NAME	PLATE/POLICY	VEHICLE DESCRIPTION (Year/Make/Model)	ORIG. FORM ID

FOR ICBC USE ONLY

SUPPLEMENT ESTIMATOR NAME	SUPP. EST. #	SUPP. FORM ID	SUPPLEMENT DATE

LABOUR RATE CHANGE	SUPPLIER NUMBER
☐ Yes ☐ No	**F**

	REP	REPL	REFIN	DESCRIPTION	PAINT HOURS	REPAIR HOURS	RE & RE HOURS	OEM PARTS	PRE-PRICED PARTS	USED PARTS	SUBLET	PRT PRC CHG	APPR	DENY
1														
2														
3														
4														
5														
6														
7														
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25														

NUMBER OF SUPPLEMENTAL LINES

This vehicle has been re-inspected to identify all items necessary to ensure repair to pre-accident condition.
Any subsequent supplement will be for unforeseen hidden damage only.

SUPPLEMENT ESTIMATOR SIGNATURE

SUPPLIER REPRESENTATIVE SIGNATURE

DATE