



INFORMATION FROM UNINSURED DEFENDANT

Pursuant to section 10 of the Health Care Costs Recovery Act

Personal information on this form is collected under the authority of the Health Care Costs Recovery Act. The information will be used to identify recoverable health care costs as a result of a third party liability incident. If you have any questions about the collection of this information, contact Third Party Liability's email at hlth.tpl@gov.bc.ca or call (250) 952-2034. Personal information is protected from unauthorized use and disclosure in accordance with the Health Care Costs Recovery Act and the Freedom of Information and Protection of Privacy Act.

Name of Uninsured Defendant		
Full Address of Uninsured Defendant		Postal Code
Phone Number of Uninsured Defendant / Contact Person	Email Address of Uninsured Defendant / Contact Person	
Last Name, First Name of Injured Person(s)	Date of Birth and / or Address (if known)	Personal Health Number (PHN) (if known)
Name of Injured Person's Legal Counsel (if known)		
Date of Incident (YYYY / MM / DD)	Incident Location	
Nature of Incident <input type="radio"/> Motor Vehicle <input type="radio"/> Slip and Fall <input type="radio"/> Other (specify)	Type of Injury/Illness (attach details if needed)	
Have legal proceedings been commenced?	<input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Unknown (If yes, provide registry number and location)
Registry Number	Location	

Signature	Print Name	OFFICE USE ONLY
	Date Signed (YYYY / MM / DD)	
Title of Signatory		

This form, including attachments, is sufficiently served if scanned and emailed to the following address: hlth.tpl@gov.bc.ca

- OR - Please send registered mail or traceable courier to: Third Party Liability, Ministry of Health
2nd Floor - 1515 Blanshard Street
PO Box 9647 STN PROV GOVT
Victoria BC V8W 9P4