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

Statutory Application Form (Application Under Section 20 of the *Insurance (Vehicle) Act*)

CLAIM NUMBER	CLAIMS REPRESENTATIVE

I, ... [*name*], of ..... [*address*] (hereinafter called the "Applicant"), born the ..... day of .....[*month*], ...[*year*], apply to the Insurance Corporation of British Columbia under section 20 of the *Insurance (Vehicle) Act*, and state that the following are true:

1 THAT the loss of/damage to non-vehicle property of the Applicant was accidentally caused by or arose out of use or operation on a highway on the .....[*day*] day of .....[*month*], ...[*year*] at or near [*street and city*] ..... in the Province of British Columbia, of a motor vehicle (hereinafter called the "uninsured motor vehicle") displaying ..... [*prov. or state*] number plate ..... [*number*] owned by .....[*name*] of .....[*address*] and driven by .....[*name*] of ..... [*address*].

2 THAT I am informed and believe that on the date and at the time of the loss of/damage to non-vehicle property described in paragraph one, the uninsured motor vehicle was not insured by a valid and subsisting Owner's Certificate/Policy of Insurance.

3 THAT as a result of the loss of/damage to non-vehicle property, the Applicant

☐ is entitled to compensation or indemnity for the loss of/damage to non-vehicle property from the following public or private insurance or plan:
_____, or

☐ is not entitled to any other compensation or indemnity for the loss of/damage to non-vehicle property.

Personal information on this form is being collected under section 26 of the *Freedom of Information and Protection of Privacy Act* (BC) and section 20 of the *Insurance (Vehicle) Act* (BC) for the purpose of processing your application for payment under the Uninsured Motorist fund. Questions about the collection of this information may be directed to your claim representative or call 604-661-2800 or contact the Privacy & Freedom of Information department at 151 Esplanade, North Vancouver, BC V7M 3H9.

The above information is provided as a basis for my insurance claim and is true and complete. I agree to advise ICBC of any information or changes that may affect my claim. I understand that it is an offence to provide false or misleading information.

_____ _____ ____
WITNESS TO APPLICANT'S SIGNATURE APPLICANT/PARENT/GUARDIAN SIGNATURE DATE

Statutory Notice — Section 20 Uninsured Motorist

								REGISTERED MAIL NUMBER	
CLAIM NUMBER							CLAIMS REPRESENTATIVE	PHONE NUMBER	

Statutory Notice
Under Section 20 'Uninsured Vehicles' of the *Insurance (Vehicle) Act*

Date Mailed_____

To _____

_____

and _____

_____

Take notice that on the ..... day of ....., ..., the Insurance Corporation of British Columbia received a Statutory Application Form from..... [*name*] applying for payment of damages arising from loss of or damage to non-vehicle property caused by or arising out of your ownership or your use or operation of an uninsured motor vehicle displaying a ..... [*province or state*] number plate ..... [*licence number*] owned by
..... of
..... [*address*] and driven by
..... of
..... [*address*] on a highway on the ..... day of ....., at or near ..... in the Province of British Columbia.

And further take notice that if within 14 days after receipt by you of this notice, which notice you are deemed to have received on the eighth day after mailing of the notice by the Corporation, you do not reply to the Corporation, either denying liability for the incident described above or making arrangements satisfactory to the Corporation for the disposition or settlement of the demand contained in or presented by the Application, the Corporation may settle with or consent to judgment in favour of any applicant or the Corporation may take such other action as is authorized by section 20 of the *Insurance (Vehicle) Act*, including paying all or part of a settlement or judgment, and upon further notice to you, the Corporation may demand reimbursement from you of the payments with interest thereon or the Corporation may take such other action as may be necessary to recover the amounts of the payments.

Insurance Corporation of British Columbia

Per _____
Return Address

_____
_____
c.c Applicant
