BRITISH COLUMBIA | Ministry of Health

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	Type of Injury/Illness (attach details if needed)
◯ Motor Vehicle ◯ Slip and Fall ◯ Other (specify)	

Have legal proceedings been commenced? ◯ Yes ◯ No ◯ 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
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