



Infant Settlement Proposal

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

Fax 1-877-686-4222

To

Children's Services, Public Guardian and Trustee Office, Attn: Intake Desk	FAX NUMBER 604-775-2429	DATE (ddmmmyyyy)
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From ICBC

CLAIM NUMBER	ADJUSTER NAME	PHONE NUMBER	FAX NUMBER
CLAIM OFFICE		INFANT SETTLEMENT \$	

Infant Information

SURNAME	FIRST NAME	MIDDLE NAME	PHONE NUMBER
ADDRESS			POSTAL CODE
DATE OF BIRTH (ddmmmyyyy)	PRESENT AGE (years)	Birth Certificate/I.D. <input type="checkbox"/> No <input type="checkbox"/> Yes	If No, specify other

Parents or Guardian Information

MOTHER	OCCUPATION	DAY PHONE NUMBER
FATHER	OCCUPATION	DAY PHONE NUMBER
GUARDIAN	OCCUPATION	DAY PHONE NUMBER
FAMILY STATUS <input type="checkbox"/> care of parents <input type="checkbox"/> single parent <input type="checkbox"/> self supporter <input type="checkbox"/> ward	DATE OF LOSS (ddmmmyyyy)	MUNICIPALITY

Claim Details

INFANT ROLE <input type="checkbox"/> driver <input type="checkbox"/> passenger <input type="checkbox"/> pedestrian <input type="checkbox"/> cyclist <input type="checkbox"/> other _____		
<input type="checkbox"/> Liability not an issue <input type="checkbox"/> Liability detail attached Lawyer <input type="checkbox"/> No <input type="checkbox"/> Yes _____		
INJURY COMPLAINTS		
TREATMENT	MEDICAL REPORT	
DATE OF RECOVERY/STABILIZATION	BASED UPON	
ATTACHMENTS <input type="checkbox"/> Parent(s)/Guardian statement <input type="checkbox"/> Infant statement <input type="checkbox"/> Settlement agreement	SETTLEMENT DATE (ddmmmyyyy)	FEE ENCLOSURE \$
Other attachments _____		

To be completed by Public Trustee and Guardian of BC

DATE PT RECEIVED (ddmmmyyyy)	PT FILE NUMBER	ADDITIONAL INFO REQUIRED	PHONE NUMBER
INITIAL OFFER LOW (RATIONALE)			
DATE ACCEPTED (ddmmmyyyy)	SOLICITOR		