



Authorization for ICBC to Release Wage Loss Information

CLAIM NUMBER	ADJUSTER NAME	EMPLOYEE NUMBER
CLAIMANT NAME		

I _____
of, _____ (herein called the "Claimant")

do hereby authorize the Insurance Corporation of British Columbia (herein called the "Corporation") to release and furnish to:

any and all information, including copies of relevant documents, which the Corporation may have which directly relates or pertains to the settlement of my wage loss claim against the Corporation arising in connection with an accident which occurred

on or about _____.

In signing this authorization I am agreeing to the release of information on my wage loss claim only. In no event shall this be construed as an authorization for the Corporation to release any information on any other aspect of my claim that does not directly relate to my wage loss claim.

The authority given to the Corporation herein is irrevocable, and shall be binding upon myself, my heirs, executors, administrators and assigns.

In consideration of the Corporation furnishing such information, I agree to release AND I DO HEREBY RELEASE the Corporation, its servants, employees and agents and each of them of and from all liability of whatever nature or kind which may be incurred by them or any of them, directly or indirectly, as a result of the Corporation furnishing such information in accordance herewith.

I acknowledge that if my claim is the subject of litigation, the Corporation may, in its discretion, refuse to supply the information hereunder.

Dated at _____, B.C., this _____ DAY _____ MONTH _____ YEAR.

Claimant:

Witness:

CLAIMANT SIGNATURE

WITNESS SIGNATURE

WITNESS NAME (Please print)

ADDRESS

POSTAL CODE

PHONE NUMBER