



Multimedia Memo



Please complete all fields, print and submit along with the multimedia device to a local claims office.

Note: this cover sheet is to be used when submitting multimedia devices to ICBC.

CLAIM NUMBER	CUSTOMER NAME	SUBMITTER
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Device Type (select all that apply)

<input type="checkbox"/> CD <input type="checkbox"/> DVD <input type="checkbox"/> USB/Flash Drive <input type="checkbox"/> Other			
If "Other", please specify: _____			
Please note the acceptable file types:		Video	Audio
		mp4	mp4
		mov/m4v	wav
		avi	

DATE SUBMITTED	YOUR FILE NUMBER	REPORT DATE (if device content relates to a report)
Description of content saved on device:		

For ICBC use only:

RECEIVING CLAIM OFFICE: CC	DATE SENT TO DCF
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For DCF use only:

DATE SENT TO RECIPIENT	RECIPIENT NAME	RECIPIENT LOCATION CODE: L
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