



Fatal Accident Benefit Application

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

Fax 1-877-686-4222

CLAIM NUMBER	EMPLOYEE NAME	EMPLOYEE NUMBER	PHONE
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I _____

Residing at _____

telephone(s) _____ hereby make claim for benefits.

Details of Deceased

NAME
ADDRESS
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widower(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Single
NAME OF EXECUTOR OR ADMINISTRATOR OF DECEASED'S ESTATE
ADDRESS
NAME OF LAWYER REPRESENTING DECEASED'S ESTATE
ADDRESS

Please attach birth and death certificate of deceased. If deceased is married, please attach marriage certificate. If deceased has dependant children, please provide the following information and attach their birth certificate(s).

Dependent Children of Deceased

Name	Address	Relationship	Birth Date (ddmmmyyyy)

SIGNATURE

DATE

RELATIONSHIP TO DECEASED

Information collected on this form is done so in accordance with Section 26 of the *Freedom of Information and Protection of Privacy Act* and Section 9 of the *Insurance Corporation Act*. This information will be used primarily in the evaluation and settlement of your current claim. There is also the possibility it will be referenced on future claims you may have. Questions about the collection or use of personal information should be directed to your adjuster or you may also contact ICBCs' privacy office at 151 W. Esplanade N. Vancouver, BC V7M 3H9 or call 604-661-2800.