



**Release and Assignment —
Uninsured — Out-of-Province**

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

Fax 1-877-686-4222



CLAIM NUMBER	ADJUSTER NAME	ADJUSTER NUMBER	PHONE NUMBER	TOLL FREE PHONE
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In consideration of the payment of, or the promise to pay, the sum of _____ Dollars and _____ Cents (\$ _____).

Which is directed by the undersigned to be paid as follows:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

I hereby release and forever discharge _____

_____ NAME ONLY INSURED PERSONS

and the Insurance Corporation of British Columbia ("ICBC") from any and all actions, causes of action, claims and demands, including all claims brought pursuant to _____ of the Insurance (Vehicle) Regulation or otherwise for or by reason of any damage, loss or injury to persons or property, which heretofore has been or hereafter may be sustained in consequence of the ownership, use or operation of a motor vehicle, licence number _____ owned by _____ and operated by _____ at or near _____ on or about the _____ day of _____, _____ (the "occurrence").

I further assign and transfer to ICBC all actions or rights of action arising from the above occurrence, including judgments resulting therefrom, which I now have or may in the future have against any and all persons or corporations and hereby constitute ICBC to be my true and lawful attorney with full power and authority in my name and on my behalf, and on behalf of my heirs, executors, administrators and assigns, but at the risk, cost and expense and for the benefit of ICBC to sue for, recover and receive the proceeds of the action or actions hereby assigned and to give good and sufficient releases therefor.

I agree that I will co-operate with ICBC in bringing, prosecuting or continuing any action or right of action hereby assigned or any other action brought by ICBC in its own or in my name to recover from any person(s) or corporations(s) liable to me for the consideration ICBC has paid to me herein, and who or which have not by this agreement being released; that I will execute all further documents necessary to effect the terms of this agreement and/or to prosecute or continue any such actions and that I will attend at such places and at such times as requested for the purpose of prosecuting or continuing any such actions.

ICBC shall at all times protect, save harmless and indemnify me, my heirs, executors and administrators of and from all costs and damages that I may at any time pay, sustain or become liable for on account of any action that may be continued, commenced, or prosecuted in my name pursuant to the power given herein, excepting such costs and damages only as shall be caused by my own wilful neglect or default.

I agree that the said payment is not deemed to be an admission of liability on the part of ICBC.

Signed at _____ this _____ day of _____, _____.

Signed in the presence of

Read Before Signing

WITNESS SIGNATURE

CLAIMANT SIGNATURE

WITNESS NAME (please print)

CLAIMANT NAME (please print)

ADDRESS