



Property Damage Release

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

Fax 1-877-686-4222



CLAIM NUMBER	CLAIMS REPRESENTATIVE	PHONE NUMBER	TOLL FREE NUMBER
--------------	-----------------------	--------------	------------------

The undersigned, _____, in consideration of \$ _____, which the undersigned directs to be paid as follows:

- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

releases and forever discharges all known or unknown claims for damages, or causes of action, which the undersigned may have against _____

for damage to property arising out of a crash which occurred on the ____ day of _____, _____ at or near _____, in the Province/State of _____.

The undersigned agrees that neither the preparation of this release nor the payment of the consideration set out in this release shall be taken as an admission of liability on the part of any person hereby released.

This release shall also bind the personal or legal representative, heirs, successors, administrators, executors, trustees or assignees of the undersigned.

I understand and agree that the Insurance Corporation of British Columbia may seek my co-operation in any claim or action it may pursue in its own name, pursuant to Section 84 of the *Insurance (Vehicle) Act*, to recover monies paid out by the Insurance Corporation of British Columbia from any person(s) or corporation(s) liable for the property damage referred to herein.

This release was signed in the presence of the following witness on the ____ day of _____, _____ at or near _____, in the Province/State of _____.

Witnessed by:

Read Before Signing

WITNESS NAME (PRINT)

CLAIMANT NAME (PRINT)

WITNESS SIGNATURE

CLAIMANT SIGNATURE

ADDRESS

CLAIMANT NAME (PRINT)

CLAIMANT SIGNATURE