



TOW COMPANY'S INVOICE NUMBER



Send completed invoice to [invoices@icbc.com](mailto:invoices@icbc.com) Note: this is a non-replying email address.

|                                |  |                         |   |   |
|--------------------------------|--|-------------------------|---|---|
| CLAIM NUMBER                   | INVOICE (select applicable categories)<br><input type="checkbox"/> CAT I <input type="checkbox"/> CAT II <input type="checkbox"/> T&R+ | INVOICE DATE (ddmmyyyy) | GST REGISTRATION NUMBER (If not ICBC supplier)  | ACCOUNT NUMBER  |
| SUPPLIER/PAYEE NAME            |  |                         | RECOVERY SCENE PHOTOS SUBMITTED WITH INVOICE?<br><input type="checkbox"/> yes <input type="checkbox"/> no | 1ST TOW-KEYS WITH VEHICLE<br><input type="checkbox"/> yes <input type="checkbox"/> no |
| REGISTERED OWNER/DRIVER'S NAME |  |                         |   | PHONE NO.   |

**Towed Vehicle Dispatch and Distance Record**

| PLATE NO.   | YEAR | V.I.N. (serial no.) | MAKE | MODEL | COLOUR | GVWR |
|---|------|---------------------|------|-------|--------|------|
| *LOCATION/ADDRESS OF LOADING 1ST TOW (highways use distance from established reference point or marker) |      |                     |      |       |        |      |

|                | TRUCK NO. | DATE (ddmmyyyy) | FROM       | TO | TOTAL KM | COSTS |
|----------------|-----------|-----------------|------------|----|----------|-------|
| First tow      |           |                 | *SEE ABOVE |    |          | \$    |
| Additional tow |           |                 |            |    |          | \$    |
| Additional tow |           |                 |            |    |          | \$    |

| ADDITIONAL SERVICES   | TRUCK NO. | HOURS | RATE | TRUCK NO. | HOURS | RATE             | TRUCK NO. | HOURS | RATE | TOTAL AMOUNT |
|---|-----------|-------|------|-----------|-------|------------------|-----------|-------|------|--------------|
| Recovery  |           |       | \$   |           |       | \$               |           |       | \$   | \$           |
| Standby <input type="checkbox"/> POLICE FILE/BADGE NO.      |           |       | \$   |           |       | \$               |           |       | \$   | \$           |
| Standby   |           |       | \$   |           |       | \$               |           |       | \$   | \$           |
| Special services loading/securing                           |           |       | \$   |           |       | \$               |           |       | \$   | \$           |
| Difficult road  |           |       | \$   |           |       | \$               |           |       | \$   | \$           |
| Cleanup   |           |       | \$   |           |       | \$               |           |       | \$   | \$           |
| Traffic control vehicle                                     |           |       | \$   |           |       | \$               |           |       | \$   | \$           |
| Extra person/flag person X _____                            |           |       | \$   |           |       | \$               |           |       | \$   | \$           |
| Recovery scene coordinator                                  |           |       | \$   |           |       | \$ TRIAGE PHOTOS |           |       | \$   | \$           |
| Flares and consumables                                      | DESCRIBE  |       |      |           |       |                  |           |       |      | \$           |
| Sublet charges/tolls/permits with applicable markup         | DESCRIBE  |       |      |           |       |                  |           |       |      | \$           |
| Company owned/leased equipment not listed on the rate chart | DESCRIBE  |       |      |           |       |                  |           |       |      | \$           |
| Other   | DESCRIBE  |       |      |           |       |                  |           |       |      | \$           |

|                               |    |
|-------------------------------|----|
| Fuel Surcharge Percent ____ % | \$ |
|-------------------------------|----|

**Total Towing Charges** \$

|                          |           |         |             |        |           |    |
|--------------------------|-----------|---------|-------------|--------|-----------|----|
| Storage                  | DATE FROM | DATE TO | NO. OF DAYS | X RATE | SFA VISIT | \$ |
| Storage for salvage sale | DATE FROM | DATE TO | NO. OF DAYS | X RATE | SFA VISIT | \$ |

**GST** \$

**Payment Received** \$

**Total Tow and Storage** \$

Is additional information being provided on Page 2 to support these service charges?  Yes  No

Upon receiving an ICBC tow dispatch or request for invoice, a towing company with an active ICBC supplier number releases the vehicle and invoices ICBC directly for required services. Reconciled invoices will be paid directly through ICBC's vendor payment system in accordance with the Towing and Recovery Payment Schedule. Invoices to be submitted within ten calendar days.

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| CLAIM NUMBER | Written explanation for reconciling, additional service charges, and if applicable, calculations for apportioning service hours for combination vehicle(s), and recovery operations (recovery scene photos should support additional service charges). Please include licence plate numbers of all attached vehicles. |
|--------------|---|
|              |   |

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