



Final Release

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
ADDITIONAL CLAIM NUMBER(S)				

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:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

The undersigned, for themselves, their heirs, executors, administrators, successors and assigns, hereby release and forever discharge

from any and all actions, causes of action, claims and demands for or by reason of any damage, loss or injury, to person and property which heretofore has been or hereafter may be sustained in consequence of

EVENT & LOCATION OF LOSS	DATE OF LOSS	CLAIM NUMBER

And for the said consideration the undersigned agree not to make claim or take proceedings against any other person or corporation who might claim contribution or indemnity under the provisions of any statute or otherwise.

The undersigned agree that the said payment is not deemed to be an admission of liability on the part of

And it is hereby declared that the terms of this settlement are fully understood; that the amount stated herein is the sole consideration of this release and that the said sum is accepted voluntarily for the purpose of making **a final compromise, adjustment and settlement of claims for injuries, losses and damages resulting or to result from the said accident.**

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

CLAIMANT SIGNATURE

CLAIMANT NAME (please print)