

The following may apply if checked...

- ☐ Your vehicle might be unsafe to drive.
- ☐ The [City / District / Regional District / Town] has additional information that might be of use to you.
- ☐ The [City / District / Regional District / Town] was not involved in the damage.
- ☐ Your vehicle was struck by a [City / District / Regional District / Town] vehicle or by [City / District / Regional District / Town] equipment.

If the [City / District / Regional District / Town] was involved and you believe you have a claim against the City, please use the form on the reverse to submit your claim.

We highly recommend that you report the damage to your auto insurer – even if you believe that someone else is at fault for the damage.

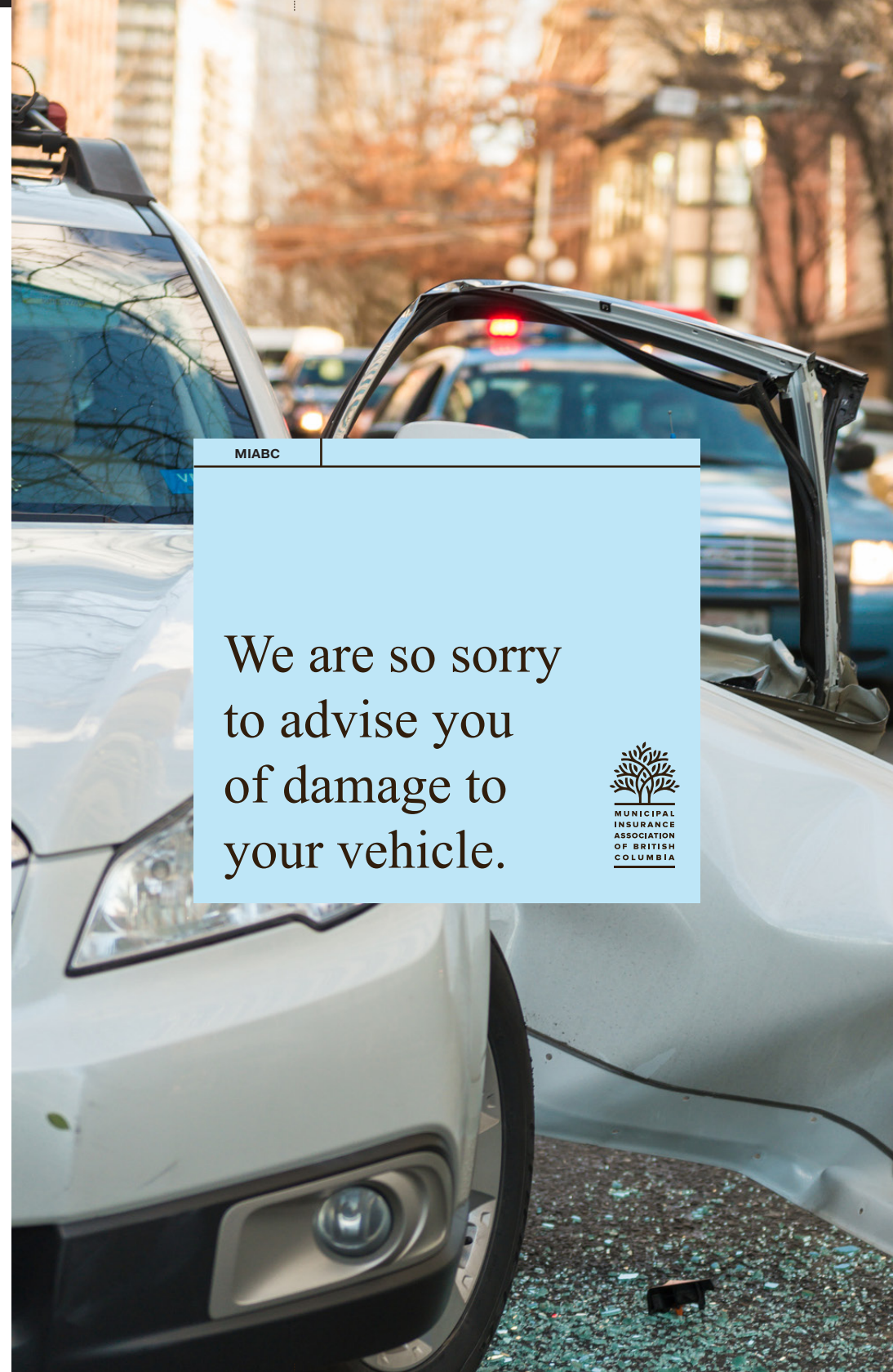
If you are insured with ICBC, you can find information on how and where to report a claim at ICBC's website:

<https://www.icbc.com/claims/report-view/Pages/Report-a-claim-online.aspx>

Or call: 604-520-8222

YOUR LOGO HERE

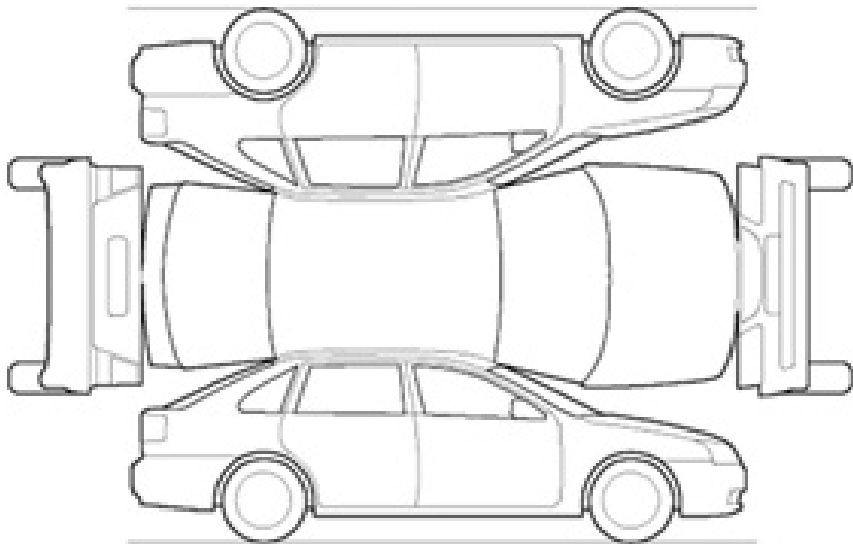
Street Address, City, Postal Code
Phone, Fax,
Email



MIABC

We are so sorry
to advise you
of damage to
your vehicle.





REPORT OF NEW CLAIM - DAMAGE TO AUTO

This form may be used to submit a claim to the [local government] for damages to your vehicle if you believe that the [City / District / Regional District / Town] might be at fault for your damage.

IMPORTANT DEADLINE: Please note that section 736 of the Local Government Act prohibits claims against a municipality unless the claimant has provided the [City / District / Regional District / Town] with written notice advising of the claim within two months of suffering the loss. That notice must include details of the time, manner, and place in which the damages were sustained.

Your Information:

Name: _____

E-Mail: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Please provide at least one phone number where you can be reached.

Home: () _____

Work: () _____

Cell: () _____

Incident Details (describe what happened):

Date of Loss: _____

Location of Loss: _____

Name of any [City / District / Regional District / Town] employee involved (or witness): _____

Please explain why you feel the [City / District / Regional District / Town] is at fault: _____

Please include the following documents, if available, to assist in processing your claim.

1. Photos of the accident location
2. Photos of the damage to your vehicle
3. Repair quote or receipt

Your Signature: _____

Date: _____

Once you have completed this claim form, please mail or e-mail a copy to [local government] Claims.

Contact Information