

\* THERE IS A TIME LIMIT OF 6 MONTHS ON THIS APPLICATION (SEE BELOW).



Telephone 604-661-2800  
Toll Free 1-800-663-3051

The Insurance Corporation of British Columbia extends its Claim-Rated Scale discount program to new British Columbia residents.

You may be eligible for a discount on the basis of your claim-free insurance record before moving to British Columbia.

**TO QUALIFY:**

- You must have no Third Party Liability or Collision claims for at least one full year **immediately preceding the purchase of your first Autoplan policy**. This will entitle you to a discount of 5%. Additional years of continuous claim-free history will entitle you to further discounts to a maximum of 40% for basic insurance in recognition of 8 or more full years. Similar savings are available on your optional insurance.
- You must verify your claim-free record by obtaining "Claim History" letters from your previous insurance companies.

To assist you in applying for this discount, this application package contains:

1. Instructions (see below);
2. A Claim History Request form, which you should send to your previous insurance companies; and
3. An Application for Claim-Rated Scale Discount.

If you require assistance in completing this application, please call us at 604-661-2800 (toll-free 1-800-663-3051).

## INSTRUCTIONS

### REQUEST LETTERS

- Detach the Claim History Request and complete.
- Mail it to your previous insurance companies.
- Use photocopies of the Request form if you had two or more previous insurance companies.
- Claim History letters are required for each Registered Owner and for the Principal Operator.
- Note: Do not request records from Driver's Licence bureaus. These are not acceptable.

### RECEIVE LETTERS

- Claim History letters should be sent to you. Please do NOT ask your insurance company to send them directly to ICBC.
- Keep a photocopy of these letters for your own records.

### DISCOUNT APPLICATION

- Complete the Application for Claim-Rated Scale Discount.
- List each insurance company for which you have received a letter and the dates of coverage.
- Attach the **original** letter(s) and a cheque payable to ICBC.
- Enclose your application fee payment (\$20 for each B.C. plate/policy for which the discount is requested).
- The application fee is **non-refundable**.

**IMPORTANT:** We can only accept applications by mail. Please send directly to:

CRS Discount Applications - L132406  
Insurance Corporation of British Columbia  
151 West Esplanade  
North Vancouver BC V7M 3H9

### \* TIME LIMIT

For your application to be considered, Claim History letters must be received within 6 months of the date you purchased your first policy with ICBC.

## CLAIM HISTORY REQUEST

TO:

DATE: \_\_\_\_\_

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ATTENTION: UNDERWRITING DEPARTMENT

RE: REQUEST FOR CLAIM HISTORY LETTER

YOUR POLICY NUMBER(S) \_\_\_\_\_

I have recently purchased automobile insurance from the Insurance Corporation of British Columbia. To receive a discount for claim-free insurance record, I will need a letter from your Company which provides:

- policy number(s) and dates of coverage for automobile insurance provided by your company. Please show the exact dates of coverage in your letter (dd, mm, yyyy).
- details of all claims charged against third party liability and/or collision coverages;
- named drivers, if any, and the dates (dd, mm, yyyy) they were covered on the policy.

If you wish to clarify what the Insurance Corporation of British Columbia requires, please contact them at 1-604-661-2800 or toll-free throughout Canada and the USA at 1-800-663-3051 between 8:00 am and 7:00 pm, Monday to Friday, or 9:00 am and 5:00 pm Saturdays and holidays.

Thank you for your attention to my request.

**See reverse side for a sample of the letter ICBC needs from you.**

POLICYHOLDER NAME:	
SIGNATURE(S):	
PLEASE MAIL YOUR REPLY TO ME AT:	<hr/> <hr/> BC Postal Code _____

## YOUR COMPANY LETTERHEAD

ADDRESS  
FAX  
PHONE

DATE

POLICYHOLDER NAME  
ADDRESS

TO WHOM IT MAY CONCERN:

This is to verify that **JOHN SMITH** carried vehicle insurance with **ABC INSURANCE LIMITED** under policy number **ABC123**.

Automobile insurance has been in force from **(dd, mm, yyyy)** to **(dd, mm, yyyy)**.

Automobile insurance has been in force for named Drivers (if any): **MARY SMITH** from **(dd, mm, yyyy)** to **(dd, mm, yyyy)**.

The following Third Party and/or Collision claims have been paid and/or are outstanding:

DATE OF LOSS	CLAIM NUMBER	TYPE OF LOSS	TOTAL AMOUNT	DRIVER

SIGNATURE  
NAME  
POSITION  
TELEPHONE NUMBER  
FAX NUMBER  
E-MAIL ADDRESS

**CLAIM HISTORY LETTER**  
**\*\*\*\* SAMPLE \*\*\*\***

## APPLICATION FOR CLAIM-RATED SCALE DISCOUNT

B.C. PLATE NUMBERS	REGISTERED OWNER(S)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

PREVIOUS INSURER LETTERS	INSURANCE COMPANY NAME	WHO IS THIS LETTER FOR? REGISTERED OWNER (RO) OR PRINCIPAL OPERATOR (PO)	PROVIDED INSURANCE COVERAGE	
			FROM	TO
PLEASE ENCLOSE ORIGINAL LETTERS				

FORMER  
B.C.  
RESIDENT?

If you were previously a resident of B.C., please provide the following:

B.C. Driver's Licence Number \_\_\_\_\_ B.C. Plate Number \_\_\_\_\_

Dates you were residing previously in B.C.: \_\_\_\_\_ to \_\_\_\_\_

FEES ENCLOSED	<p>APPLICATION FEES ARE NON-REFUNDABLE. PLEASE DO NOT SEND CASH IN THE MAIL.</p> <p>_____ B.C. plates listed above x \$20 each = \$ _____</p> <p>Method of Payment:   <input type="checkbox"/> Cheque   <input type="checkbox"/> Money Order   <input type="checkbox"/> Draft   <input type="checkbox"/> Bank</p>	ICBC ONLY
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REQUEST  
FOR  
DISCOUNT

I, the undersigned, declare that I have been claim-free for at least \_\_\_\_\_ full years immediately preceding the purchase of the B.C. plate number(s) shown in the application, as proven by the attached Claim History letter(s).

**Under section 75 of the Insurance (Vehicle) Act, your claim is invalid if at any time you fail to provide complete and accurate information, violate a term or condition of your policy or commit fraud. This is a summary. For full information, see section 75 of the Insurance (Vehicle) Act.**

SIGNATURE OF REGISTERED OWNER(S) OR PRINCIPAL OPERATOR _____	DATE _____
SIGNATURE OF REGISTERED OWNER(S) OR PRINCIPAL OPERATOR _____	DATE _____

HOME TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

Mail this application with **original** letter(s) from previous insurance companies and application fees to:

CRS Discount Applications - L132406  
Insurance Corporation of British Columbia  
151 West Esplanade  
North Vancouver BC V7M 3H9