



# Treatment Travel Expense

Submit online at [icbc.com/claims](http://icbc.com/claims)  
 or return to  
 ICBC  
 PO BOX 2121, STN TERMINAL  
 VANCOUVER BC V6B 0L6

Fax 1-877-686-4222



**Before you complete and submit this form, please review the instructions on the last page.**

Name: \_\_\_\_\_ ICBC claim number: \_\_\_\_\_

List trips travelled in a private vehicle for treatment for injuries related to the claim.

DATE OF TRIP dd-mmm-yyyy	PURPOSE OF TRIP	DISTANCE (in km)	PARKING COST	ADDRESS TRAVELLING FROM (street address, city, postal code)	ADDRESS TRAVELLING TO (street address, city, postal code)
<b>TOTALS</b>					

I am providing the above information for my claim for accident benefits and by signing this form, I confirm that this information is true and complete. I agree to advise ICBC of any information or changes that may affect my claim. I understand that it is an offence to provide false or misleading information.

\_\_\_\_\_  
 CUSTOMER SIGNATURE

\_\_\_\_\_  
 DATE

The information you provide on this form is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* (BC) and section 9 of the *Insurance Corporation Act* and will be used to manage your claim. There is also a possibility it will be referenced on future claims you may have. Questions about the collection of this information may be directed to your claim representative or call 604-661-2800 or contact ICBC's privacy office at 151 W. Esplanade N. Vancouver, BC V7M 3H9.



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Name: \_\_\_\_\_ ICBC claim number: \_\_\_\_\_

List trips travelled in a bus, train, taxi or other means of travel for treatments for injuries related to the claim.

DATE OF TRIP dd-mmm-yyyy	PURPOSE OF TRIP	TRAVEL METHOD	COST OF TRAVEL	ADDRESS TRAVELLING FROM (street address, city, postal code)	ADDRESS TRAVELLING TO (street address, city, postal code)
<b>TOTAL TRAVEL COSTS</b>					

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\_\_\_\_\_  
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\_\_\_\_\_  
 DATE

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**Please read these instructions before completing the form.**

We cover reasonable travel costs to and from medical appointments for injuries related to the crash. An expense must be submitted within 180 days of the expense being incurred in order to be reimbursed.

1. Print your name and your ICBC claim number on your Treatment Travel Expense form
2. List each trip travelled for treatment of your injuries related to your claim
3. Sign and date the form and then submit it to us for review
4. Include the receipts you reported on the form

If you *travel using a private vehicle*, then list each trip travelled:

- ✓ If you drove directly to the appointment and back, claim the total kilometres you drove.
- ✓ If your appointment is not your final stop, claim only the kilometres your appointment adds to your trip
  - For example, if work is your final stop, then claim only the kilometres the appointment adds to your normal trip to work. If your normal trip to work is 5 km and your trip to the appointment and then to work is 7 km, you would claim 2 km for this trip.
- ✓ You can claim parking while at your medical appointment. We'll need your parking receipts.
- ✓ If you parked at a meter you can claim up to \$4.00 a day for meter parking with no receipt.

If you *travel using a taxi, bus, or other means of transport*, then list each trip travelled:

- ✓ You can claim public transit fares, with no receipts.
- ✓ You can claim taxi and ride-hailing fares, with receipts, if you receive pre-approval from your Recovery Specialist. We do not reimburse for tips or waiting time.

Contact your Recovery Specialist to make arrangements if you need other forms of transportation.

Select the *purpose of your trip*:

- ✓ **Medical Treatment (MT)** — if the trip was for an appointment with a health care provider.
- ✓ **Travel Companion (TC)** — if the trip was to escort the injured person to care or treatment because of their physical or mental condition or age.
- ✓ **Critical Care Attendance (CCA)** — if the trip was to support a person who is staying in hospital and who requires critical care because of the crash.

Contact your Recovery Specialist for more information about CCA.