



Child car seat and booster seat reimbursement request

Submit online at icbc.com/claims

or return to ICBC
PO BOX 2121, STN TERMINAL
VANCOUVER BC V6B 0L6

Fax 1-877-686-4222



CLAIM NUMBER	DATE OF LOSS (DD/MMM/YYYY)	CUSTOMER NAME (as it appears on your driver's licence or insurance documents)
PHONE NUMBER	EMAIL ADDRESS	

IMPORTANT – please read

- If you are unable to provide a receipt(s) for the original or replacement seat(s), a set amount will be reimbursed based on your declaration of seat type.
- Damaged seat(s) must be disposed and not re-used. You are responsible for the disposal of the damaged seat(s).
- ICBC does not accept and/or dispose of damaged seats at any of our locations.
- Reimbursement for disposal fees will not be provided without a receipt(s).

Complete this section if you **have a copy of your receipt(s)** (please attach a copy of receipt(s) to this form):

Seat 1

<input type="checkbox"/> Damaged car seat	<input type="checkbox"/> Replacement car seat	AMOUNT SHOWN ON RECEIPT \$
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Seat 2

<input type="checkbox"/> Damaged car seat	<input type="checkbox"/> Replacement car seat	AMOUNT SHOWN ON RECEIPT \$
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Seat 3

<input type="checkbox"/> Damaged car seat	<input type="checkbox"/> Replacement car seat	AMOUNT SHOWN ON RECEIPT \$
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Seat 4

<input type="checkbox"/> Damaged car seat	<input type="checkbox"/> Replacement car seat	AMOUNT SHOWN ON RECEIPT \$
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Complete this section if you **do not have a copy of your receipt(s)**:

Seat 1

TYPE OF SEAT (select one)		
<input type="checkbox"/> Convertible style	<input type="checkbox"/> 3-in-1 convertible style	<input type="checkbox"/> Removable rear-facing infant car seat
<input type="checkbox"/> 2-in-1 booster car seat	<input type="checkbox"/> No back booster seat	<input type="checkbox"/> Belt positioning booster car seat

Seat 2

TYPE OF SEAT (select one)		
<input type="checkbox"/> Convertible style	<input type="checkbox"/> 3-in-1 convertible style	<input type="checkbox"/> Removable rear-facing infant car seat
<input type="checkbox"/> 2-in-1 booster car seat	<input type="checkbox"/> No back booster seat	<input type="checkbox"/> Belt positioning booster car seat

Seat 3

TYPE OF SEAT (select one)		
<input type="checkbox"/> Convertible style	<input type="checkbox"/> 3-in-1 convertible style	<input type="checkbox"/> Removable rear-facing infant car seat
<input type="checkbox"/> 2-in-1 booster car seat	<input type="checkbox"/> No back booster seat	<input type="checkbox"/> Belt positioning booster car seat

Seat 4

TYPE OF SEAT (select one)		
<input type="checkbox"/> Convertible style	<input type="checkbox"/> 3-in-1 convertible style	<input type="checkbox"/> Removable rear-facing infant car seat
<input type="checkbox"/> 2-in-1 booster car seat	<input type="checkbox"/> No back booster seat	<input type="checkbox"/> Belt positioning booster car seat

Disposal Fees (please attach a copy of receipt(s) to this form):

I was charged a disposal fee: Yes No

AMOUNT SHOWN ON RECEIPT \$

Personal information contained on this form is collected under section 26 of the *Freedom of Information and Protection of Privacy Act* and will be used for processing your Child car seat and booster seat reimbursement request. For any questions about the collection of information, please contact your claims representative.