



**Emergency Roadside Expense  
Repayment Application — RoadSide Plus**

Complete this form (**please print clearly**) and mail it to the address listed below, or you can submit your claim online at icbc.com. Keep your receipts for 12 months, as we may request them at a later date.

LICENCE PLATE NUMBER	DATE OF OCCURRENCE (ddmmmyyyy)	TIME OF OCCURRENCE	<input type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION OF OCCURRENCE			
REGISTERED OWNER / LESSEE NAME / PRINCIPAL OPERATOR			PHONE NUMBER
ADDRESS			
			POSTAL CODE

TYPE OF SERVICE RECEIVED	NAME OF COMPANY SERVICE PROVIDED BY	AMOUNT
<input type="checkbox"/> TOWING		\$
<input type="checkbox"/> TAXI (only if vehicle is towed)		\$
<input type="checkbox"/> GAS DELIVERY		\$
<input type="checkbox"/> BATTERY BOOST		\$
<input type="checkbox"/> LOCKED KEYS IN VEHICLE		\$
<input type="checkbox"/> FLAT TIRE		\$
<input type="checkbox"/> EMERGENCY WINCHING		\$
<input type="checkbox"/> OTHER: (please specify)		\$
Claims for repayment must be made within 12 months of the occurrence. Valid RoadSide Plus coverage must be in force at the time of occurrence. No more than two occurrences are covered in each RoadSide Plus policy period.		TOTAL AMOUNT \$

I \_\_\_\_\_ declare the information and statements contained in this application for repayment of my expenses are true to the best of my knowledge, information and belief.

PLEASE PRINT

\_\_\_\_\_  
SIGNATURE OF REGISTERED OWNER / LESSEE / PRINCIPAL OPERATOR

\_\_\_\_\_  
DATE

**Mail to: ICBC Emergency Roadside Expense  
405-10470 152nd St  
Surrey BC V3R 0Y4**

Thank you for buying RoadSide Plus.

