



Vendor Programs Privacy Checklist

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|------------------------|------------|----------------------|---------------|
| LEGAL NAME OF BUSINESS | | OPERATING NAME (dba) | VENDOR NUMBER |
| FACILITY/FIRM ADDRESS | | | |
| PHONE NUMBER | FAX NUMBER | EMAIL ADDRESS | WEBSITE |

Yes No Section 30.1 of FIPPA – Storage & Access in Canada

- Does the facility/firm store, access or disclose personal information (arising from, connected with, or related to an ICBC claim) outside of Canada?

If yes, provide the country where information is stored, and the name of the data management company.

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| COUNTRY WHERE DATA IS STORED | DATA MANAGEMENT COMPANY NAME |
|------------------------------|------------------------------|

Section 30 of FIPPA – Protection of Personal Information

- Are the customers' files stored in a secure environment (inaccessible from the public)?
- Are the hard or electronic copies of files stored in a secure area onsite?

If no, then please explain where the information is being stored.

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- Are the customers' files left unattended and accessible/viewable by the public?
- Is customer's personal information* displayed in public areas (white/chalk board, file folders)?
- Is customer's personal information* viewable and accessible by the public on a computer screen?
- Are facility/firm user ID's and passwords protected from view or access to the public?
- When parts ordering or sublet repairs are being completed is customer's information being removed from ICBC documentation (Applicable only to vendors who use a CL14 – Claim Estimate form).

*personal information includes: Drivers licence, Credit or Bank Card information, Customer name(s), addresses and phone numbers

By signing below, you hereby agree the information provided is accurate and your facility/firm, as a service provider to ICBC, complies with the applicable sections of the BC *Freedom of Information and Protection of Privacy Act* ("FIPPA").

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|-----------------------------------|----------|-----------|-----------------|
| FACILITY/FIRM REPRESENTATIVE NAME | POSITION | SIGNATURE | DATE (ddmmyyyy) |
|-----------------------------------|----------|-----------|-----------------|

To be completed and approved by ICBC

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|---------------------------|---------------|---------------------|------------------------------|
| DATE COMPLETED (ddmmyyyy) | ICBC RESOURCE | ICBC REPRESENTATIVE | SERVICING CLAIM CENTRE CC |
|---------------------------|---------------|---------------------|------------------------------|