



Advance Payment Agreement

Return To ICBC
PO BOX 2121, STN TERMINAL
VANCOUVER BC V6B 0L6

Fax 1-877-686-4222



CLAIM NUMBER	DATE OF LOSS (ddmmmyyyy)	ADJUSTER NAME	ADJUSTER NUMBER
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I/we, _____,
 have made a claim for injuries against _____
 (the other owner(s)/driver(s)) with respect to a motor vehicle accident which occurred on _____. ICBC has agreed to
 make an advance payment of \$ _____ toward my claim. The total of all previous advance payments plus the present payment
 is \$ _____ (the "total payment").

By signing this form, I confirm that I have received \$ _____ and I agree to the following:

1. If I sue the other owner(s)/driver(s), the total payment will be deducted from any judgment I may obtain. The total payment will be applied to the judgment as follows:
 - a) first, toward past wage loss;
 - b) second, toward special damages;
 - c) third, toward any other pecuniary damages;
 - d) finally, the excess, if any, toward non-pecuniary damages.
2. If I sue the other owner(s)/driver(s) and I receive an award of less than the amount of the total payment, I agree to repay ICBC the difference.
3. If I sue the other owner(s)/driver(s) and I receive an award of less than the amount of the total payment, I agree to pay ICBC any costs that the court may assess against me.
4. The total payment, or any part of it, is not an acknowledgment of a cause of action by the other owner(s)/driver(s) or ICBC, and does not waive or extend any existing limitation period that applies to my claim.

I have read this document and confirm that I understand its contents.

X _____
 WITNESS

X _____
 CLAIMANT

 CLAIMANT ADDRESS

 DATE



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 - first, toward past wage loss;
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 - third, toward any other pecuniary damages;
 - finally, the excess, if any, toward non-pecuniary damages.
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