



WorkSafeBC — Advance Part 7 Accident Benefits Agreement

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

Fax 1-877-686-4222



CLAIM NUMBER	ADJUSTER NAME	ADJUSTER NUMBER
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I, _____ was involved in a motor vehicle accident
NAME
 on the _____ day of _____, _____ .
DAY MONTH YEAR

I acknowledge that, pending a final determination as to whether I am entitled to benefits and/or compensation under the *Workers' Compensation Act*, the Insurance Corporation of British Columbia (ICBC) will pay me benefits in accordance with Accident Benefits (Part 7 of the Insurance (Vehicle) Regulation).

I agree that if it is determined by either WorkSafeBC or the Workers' Compensation Appeal Tribunal that I am entitled to compensation under the *Workers' Compensation Act*, I will reimburse ICBC for all Accident Benefits I received from ICBC, or that ICBC has paid on my behalf while waiting _____ .
WORKSAFEBC CLAIM NUMBER

I have read this document and confirm it accurately sets out my agreement with ICBC .

CLAIMANT

WITNESS

DATE

DATE



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