



CLAIM NUMBER	EMPLOYEE NAME	EMPLOYEE NUMBER	PHONE NUMBER	TOLL FREE PHONE NUMBER
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The undersigned, \_\_\_\_\_, in consideration of \$ \_\_\_\_\_, which the undersigned directs to be paid as follows:

- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_
- \_\_\_\_\_ \$ \_\_\_\_\_

releases and forever discharges all known or unknown claims for damages, or causes of action, which the undersigned may have against \_\_\_\_\_

for damage to property arising out of a crash which occurred on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at or near \_\_\_\_\_, in the Province/State of \_\_\_\_\_.

The undersigned agrees that neither the preparation of this release nor the payment of the consideration set out in this release shall be taken as an admission of liability on the part of any person hereby released.

This release shall also bind the personal or legal representative, heirs, successors, administrators, executors, trustees or assignees of the undersigned.

I understand and agree that the Insurance Corporation of British Columbia may seek my co-operation in any claim or action it may pursue in its own name, pursuant to Section 84 of the *Insurance (Vehicle) Act* (or Section 26 of the *Insurance (Motor Vehicle) Act*, depending on when coverage was purchased), to recover monies paid out by the Insurance Corporation of British Columbia from any person(s) or corporation(s) liable for the property damage referred to herein.

This release was signed in the presence of the following witness on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at or near \_\_\_\_\_, in the Province/State of \_\_\_\_\_.

**Witnessed by:**

**Read Before Signing**

\_\_\_\_\_  
WITNESS NAME (PRINT)

\_\_\_\_\_  
CLAIMANT NAME (PRINT)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
CLAIMANT SIGNATURE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CLAIMANT NAME (PRINT)

\_\_\_\_\_  
CLAIMANT SIGNATURE