



**Statutory Declaration**  
 (Application under Section 20 of the Insurance (Vehicle) Act)

**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, \_\_\_\_\_, of \_\_\_\_\_  
NAME ADDRESS  
 (hereinafter called the "Applicant"), born the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, apply to the  
DAY MONTH YEAR  
 Insurance Corporation of British Columbia under section 20 of the *Insurance (Vehicle) Act*, and solemnly declare:

1. THAT the death of/bodily injury to, or loss of/damage to property of the Applicant was accidentally caused by or arose out of use or operation on a highway on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at or near \_\_\_\_\_ in the Province of British Columbia, of a motor vehicle (hereinafter called the "uninsured motor vehicle") displaying \_\_\_\_\_ plate \_\_\_\_\_ owned by \_\_\_\_\_ of \_\_\_\_\_ and driven by \_\_\_\_\_ of \_\_\_\_\_.  
PROV. OR STATE NUMBER NAME ADDRESS NAME ADDRESS
2. THAT I am informed and believe that on the date and at the time of the death/bodily injury/loss of or damage to property described in paragraph one, the uninsured motor vehicle was not insured by a valid and subsisting Owner's Certificate/Policy of Insurance.
3. THAT the Applicant is/was a resident of \_\_\_\_\_ and as a result of the death/bodily injury, is not entitled to or protected by:  
PROV. OR STATE  
 (a) BC Medical Insurance/BC Hospital Insurance/BC Workers' Compensation benefits;  
 (b) Medical Insurance/Hospital Insurance/BC Workers' Compensation under a public/private plan or law of this or any other jurisdiction
4. That as a result of the death/bodily injury/loss of/damage to property, the Applicant is/is not entitled to indemnity from any public/private Insurance Company/Insurance Plan for the death/bodily injury/loss of/damage to property.

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at \_\_\_\_\_  
 In the Province of British Columbia, this  
 \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

} \_\_\_\_\_  
 APPLICANT

SIGNATURE

A Notary Public in and for the Province of British Columbia  
 A Commissioner for Taking Affidavits for British Columbia