



Application for Payment under the Insurance (Vehicle) Act Section 24 — Hit and Run

CLAIM NUMBER LOC. RESOURCE NUMBER

I, _____, of _____

NAME

ADDRESS

_____, (hereinafter called the "Applicant"), born the _____ day of _____, _____, apply to the Insurance Corporation of British Columbia under Section 24 of the Insurance (Vehicle) Act, and declare:

1. That the death/bodily injury or damage to property of the Applicant resulted from the negligent use or operation of a motor vehicle, the owner and driver of which are unknown to me, or, although the name of the owner of the vehicle is _____, I believe that the owner may not be liable for the negligence of the unidentified driver.

ENTER NAME AND ADDRESS OR NOT KNOWN

2. That the accident in question occurred on _____, _____ and on a highway at or near _____ in the Province of British Columbia, and was investigated by _____ police department.

3. That the Applicant was a resident of _____ on the date and at the time of the accident described in paragraphs 1 and 2.

PROV. OR STATE

4. That I have received, or I am entitled to receive payments from other sources as follows:

- (a) Under the Insurance (Vehicle) Act, or the Insurance (Motor Vehicle) Act, other than the payment presently applied for
(b) Under B.C. Medical or other medical plan
(c) Under B.C. Hospital Programs or other hospital plan
(d) Under Workers' Compensation Act or similar law or plan
(e) Under a private or public insurance plan
(f) Other (explain)

5. That I am not required to nor will I use any portion of the payment applied for to indemnify the Workers' Compensation Board, Employment Insurance, any public or private health insurance plan, or insurer acting pursuant to the Insurance Act, the Crown in right of Canada or the government of any other province, state, territory or country.

I, _____ declare that the statements contained in the foregoing application are true to the best of my knowledge, information and belief.

_____, WITNESS _____, APPLICANT'S SIGNATURE _____, DATE _____

Statutory Declaration to be completed Statutory Declaration not required

Statutory Declaration

I make this 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 _____

MONTH

YEAR

_____, SIGNATURE _____, APPLICANT'S SIGNATURE _____

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