



# 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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