

The completed form must be submitted to us within seven (7) days of the incident.

**Incomplete forms will result in a delay of the investigation/adjudication of your claim.**

**REQUIRED\***

Full name*	<input type="text"/>	Today's Date *	<input type="text"/>
Mailing address*	<input type="text"/>		
City*	<input type="text"/>	Province/State*	<input type="text"/>
Postal code/Zip code*	<input type="text"/>	Country*	<input type="text"/>
Daytime phone*	<input type="text"/>	<input type="text"/>	Home phone <input type="text"/> <input type="text"/>
Email	<input type="text"/>		

**Details of incident**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Exact Date of incident for investigation purposes\*      Approximate time of incident (use 24-hr clock) \*      Exact location of incident (Terminal name, or detailed location on vessel)\*

On vessel\*      Terminal \*

If on vessel: What route, i.e. sailing from where to where?

If on vessel: Exact Sailing Time

Exact Location of Incident: Terminal Name or detailed location on vessel \*

- Please include all details of the injury/incident below \*

Do you have photos of the damage? If yes, please attach with form \*

- If no, please provide a reason

Please provide a detailed description of the injury \*

Was medical assistance given?    Yes            No

If yes, what level?    First aid            Doctor            Hospital

Were there witnesses to the incident?    Yes            No

If yes, who?    BC Ferries employee            Family member or friend

Other witness type

Name of witness #1

Name of witness #2

Name of witness #3

Was the incident reported to BC Ferries personnel at the time it happened?\*

Yes      No

If yes, who at BC Ferries did you give it to?

Location where you reported the incident

Name or Title

BC Ferries incident #

(if known)

Date reported

Have you notified your insurance provider?    Yes      No

If yes, provide insurance  
company name

Adjuster phone

Claim #

Adjuster

Personal information is collected under the *Freedom of Information and Protection of Privacy Act* for claims management, including follow-up, and operational trend analysis. If you have any questions, please contact us at the email address provided below.

By submitting this form, you acknowledge the information provided is accurate to the best of your knowledge, and is to be considered the equivalent of signing the document.

Date\*

If we have questions about the information you have submitted, we will contact you directly. We expect to complete our assessment of your claim in 1 to 2 weeks, at which time we will contact you to discuss the next steps in the process.

Alternative methods for submission: print this form and drop it off at one of our terminals, mail, scan and email, or fax it with any supporting documentation to: British Columbia Ferry Services, Inc. Attention: Risk Management Analyst

Suite 500, 1321 Blanshard Street Victoria,  
BC V8W 0B7

Toll-free fax 1-866-844-4547

Email scanned forms to [claims@bcferries.com](mailto:claims@bcferries.com)