

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"/> | 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"/> |
| Date of incident* | Approximate time of incident* (use 24-hr clock) | Exact location of incident* |

On vessel* Terminal*

Provide a detailed description of what happened*

Detailed description continued

Type of damage or injury* Property damage Bodily injury

Other What kind*

Provide a detailed description of the damage*

If bodily 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

Detailed description continued

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?

Name or Title

Location where you reported the incident

BC Ferries incident #

(if known)

Date reported

Have you notified your insurance provider? Yes No

If yes, provide insurance company name

Claim #

Adjuster

Adjuster phone

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 FOIPP@bcferries.com or 250-978-1502.

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