

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 provide a detailed description of the incident. *
Please include photos, and other relevant info - vehicle make, model, year colour, and license plate, etc.

Do you have photos of the damage? If yes, please attach

- If no, please provide a reason

Please provide a detailed description of the damage *

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?

Name or Title

BC Ferries incident # Date reported

Location where you reported the incident
(if known)

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