



INFORMATION FROM INSURER

Pursuant to section 10 of the
Health Care Costs Recovery Act

Personal information on this form is collected under the authority of the *Health Care Costs Recovery Act*. The information will be used to identify recoverable health care costs as a result of a third party liability incident. If you have any questions about the collection of this information, contact Third Party Liability's email at hlth.tpl@gov.bc.ca or call (250) 952-2034. Personal information is protected from unauthorized use and disclosure in accordance with the *Health Care Costs Recovery Act* and the *Freedom of Information and Protection of Privacy Act*.

Name of Insurer		Name of Adjuster / Contact Person	
Phone Number of Adjuster / Contact Person	Fax Number of Adjuster / Contact Person	Email Address of Adjuster / Contact Person	
Name of Insured			
Full Address of Insured			Postal Code
Last Name, First Name of Injured Person(s)		Date of Birth and / or Address (if known)	Personal Health Number (PHN) (if known)
Policy Limit	Type of Policy	Claim Number	Policy Number
Name of Injured Person's Legal Counsel (if known)			
Date of Incident (YYYY / MM / DD)		Incident Location	
Nature of Incident <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Slip and Fall <input type="checkbox"/> Other (specify)		Type of Injury/Illness (attach details if needed)	
Have legal proceedings been commenced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If yes, provide registry number and location)			
Registry Number		Location	

Signature	Print Name	OFFICE USE ONLY
	Date Signed (YYYY / MM / DD)	
Title of Signatory		

This form, including attachments, is sufficiently served if scanned and emailed to the following address: hlth.tpl@gov.bc.ca

– OR – Please send registered mail or traceable courier to: Third Party Liability, Ministry of Health
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