



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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Victoria BC V8W 9P4