



The personal information collected on this form by the Ministry Transportation & Transit under sections 26c and 26e of the Freedom of Information and Protection of Privacy Act (FOIPPA), is directly related to, and is necessary for, the administration of the Ministry claims program. The information collected will be used to assess and report on the incident described. If you have any questions about the collection, use and disclosure of this information, contact the Manager, Claims & Litigation, PCRMS Branch, PO Box 9850 Stn Prov Govt, Victoria, BC, V8W 9T5

Last Name:				First Name(s):	
Preferred Pronouns:	They/Them	She/Her	He/Him	Phone:	
Email Address:					
Street Address:			City:		Postal Code

Highway or Road Name:	
Nearest Intersection or Exit (eg. Highway 1 and 264th):	
Nearest City or Town:	Direction of Travel:

Date of Incident:	Time:
Cause of Damages (eg. potholes or construction activities):	

What was Damaged (eg. vehicle, fence):

Total Cost of Damages: Insurance and Receipts/Estimates Attached: Yes

*If this is a vehicle claim, a copy of the insurance showing you as the registered owner of the vehicle is required along with a signed claim form to start the claim process.*

Registered Owner's Signature \_\_\_\_\_ Date: \_\_\_\_\_

H0050 2025/05/01