

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

YOUR CONTACT INFORMATION		
Last Name:	First Name(s):	
Preferred Pronouns: They/Them She/Her He/Him	Phone:	
Email Address:		
Street Address:	City:	Postal Code
INCIDENT LOCATION DESCRIPTION		
Highway or Road Name:		
Nearest Intersection or Exit (eg. Highway 1 and 264th):		
Nearest City or Town:	Direction of Travel:	
DESCRIPTION OF THE INCIDENT		
Date of Incident:	Time:	
Cause of Damages (eg. potholes or construction activities):		
DESCRIPTION OF DAMAGES		
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.		
PLEASE SIGN AND DATE BELOW		
Registered Owner's Signature		Date:
Clicking here will launch your email program and attach the completed PDF. Please send it to BCHighwaysClaims@gov.bc.ca or by fax to 250-953-0458		

or by mail to: Ministry of Transportation & Transit, Claims & Litigation, PCRMS Branch, PO Box 9850 Stn Prov Govt, Victoria, BC, V8W 9T5