

## **Release and Agreement (Breach)**

Return To ICBC

PO BOX 2121, STN TERMINAL VANCOUVER BC V6B 0L6



Fax 1-877-686-4222

CLAIM NUMBER	ADJUSTER NAME		ADJUSTER NUMBER	PHONE NUMBER	TOLL FREE PHONE
In considerat	ion of the payment of, or the pro	mise to pay, the sum o	of		
		Dollars and	t	Cents (\$	).
Which is dire	cted by the undersigned to be pa	aid as follows:			
				\$_	
				\$_	
				\$	
I hereby relea	ase and forever discharge				
Thereby relea	ase and forever discharge				
		NAME ONLY INSURED PE	DEONE		
	ance Corporation of British Colu	mbia ("ICBC") from an	y and all actions		
and demands, including all claims brought under Sections 76, 77, and 78 of the Insurance (Vehicle) Act (or under Section 21 of the Insurance (Motor Vehicle) Act, depending on when coverage was purchased), or otherwise for					
	of any damage, loss or injury to		•	, , ,	
sustained in	consequence of the ownership, ι	use or operation of a m	otor vehicle, lic	ence number	
owned by		anc	l operated by		/tha "a a a urran a a "\
	nsideration for granting this Releat the risk, cost and expense and f				
	ave to sue for, recover and receive				
	s the consideration for this agree				
	eby by me released; that I will exattend at such places and at such				
_					-
	all times protect, save harmless its successors), of and from all c				
on account o	f any such action that may be co	ommenced or prosecut	ed by ICBC, ex	cepting such co	
only as shall	be caused by my own wilful neg	lect or default.			
I agree that t	he said payment is not deemed t	to be an admission of I	iability on the pa	art of ICBC.	
Signed at		this	day	of	·
Signed in the	e presence of	Re	ad Before Sign	ing	
	_	)			
WITNESS SIGNATUR	E				
WITNESS NAME (plea	ase print)	)			
		) CLAIN	MANT SIGNATURE		
WITNESS ADDRESS					
WITNESSS OCCUPAT	TION	)	MANT NAME (please print)		

CL39A (052019)