



# ICBC Taxi New Claim Report

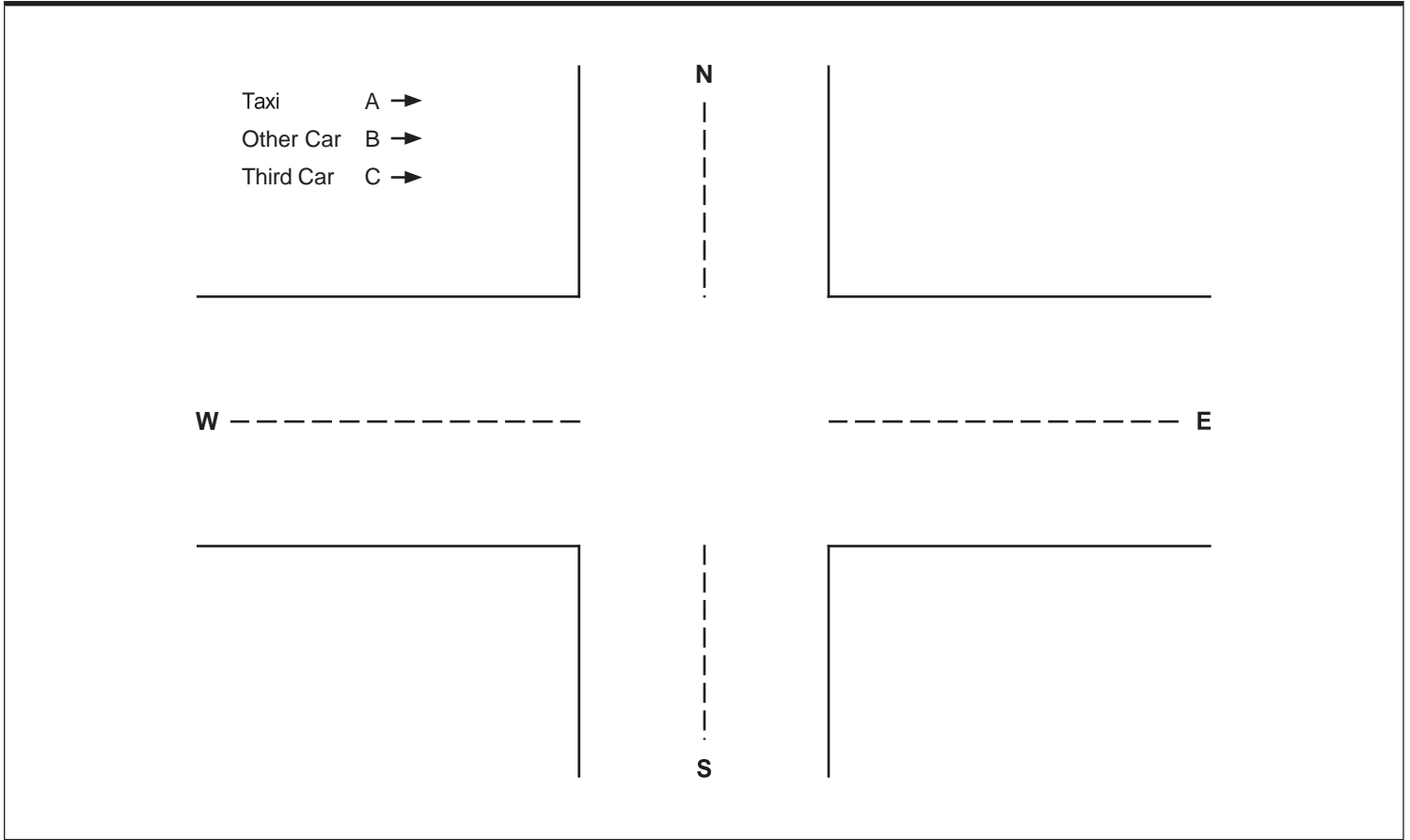
TAXI COMPANY RICHMOND CABS LTD.	FILE NUMBER	CAR #	DATE OF REPORT
TAXI DRIVER'S NAME		PHONE NUMBER	
ADDRESS			
BC DRIVER'S LICENSE OF TAXI DRIVER		EMAIL	
OWNER'S NAME		LICENCE PLATE OF TAXI	
CONTACT PERSON FOR TAXI COMPANY		EMAIL/PHONE NUMBER OF CONTACT PERSON	

DATE OF LOSS	Time AM    PM	VEHICLE DRIVEABLE YES                      NO		
PURPOSE OF TRIP (CIRCLE ONE)	Driver not working	Driver is working with no confirmed fare	Driver has accepted fare and is en-route to pickup	Driver has fare in vehicle at time of loss
IF NOT DRIVEABLE – WHERE IS VEHICLE NOW?		SHOP NAME:		
DAMAGE DESCRIPTION				
LOCATION OF LOSS: ( city; direction of travel; street name; cross street; etc)				
PASSENGER(S)		PASSENGER'S CONTACT PHONE		
PASSENGER(s)		PASSENGER'S CONTACT PHONE		
ANY INJURIES? Yes                      No		INJURY DESCRIPTION ( INCLUDE WHO IS INJURED)		
POLICE ATTENDED? Yes                      No		POLICE REPORT NUMBER		
WITNESS NAME		PHONE NUMBER		
WITNESS NAME		PHONE NUMBER		

**Other Parties\* (If more than one other party involved please attach supplement with info. If cyclist or pedestrian please provide full details of contact information address/phone/email.)**

REGISTERED OWNER		PHONE NUMBER	EMAIL
LICENSE PLATE NUMBER	MAKE AND MODEL OF VEHICLE		PROVINCE/STATE
ADDRESS			
DRIVER'S NAME			
DRIVER'S LICENSE	PROVINCE/STATE	PHONE NUMBER	# OF PASSENGERS

**Diagram of the Accident**



**Driver's Completed Description of Accident:**


ARE YOU ACCEPTING LIABILITY FOR THIS ACCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No
DRIVER'S NAME _____
Signature _____ Date _____