ICBC

Child car seat and booster seat reimbursement request

CLAIM NUMBER	DATE OF LOSS (DD/MMM/YYYY)	CUSTOMER NAME (as it appears on your driver's licence or insurance documents)
PHONE NUMBER	EMAIL ADDRESS	

IMPORTANT — please read

- If you are unable to provide a receipt(s) for the original or replacement seat(s), a set amount will be reimbursed based on your declaration of seat type.
- Damaged seat(s) must be disposed and not re-used. You are responsible for the disposal of the damaged seat(s).
- ICBC does not accept and/or dispose of damaged seats at any of our locations.
- Reimbursement for disposal fees will not be provided without a receipt(s).

Complete this section if you <u>have a copy</u> of your receipt(s) (please attach a copy of receipt(s) to this form):

Seat 1

☐ Damaged car seat   ☐ Replacement car seat   AMOUNT SHOWN ON RECEIPT
$

Seat 2

☐ Damaged car seat   ☐ Replacement car seat   AMOUNT SHOWN ON RECEIPT
$

Seat 3

☐ Damaged car seat   ☐ Replacement car seat   AMOUNT SHOWN ON RECEIPT
$

Seat 4

☐ Damaged car seat   ☐ Replacement car seat   AMOUNT SHOWN ON RECEIPT
$

Complete this section if <u>you do not have</u> a copy of your receipt(s):

Seat 1

TYPE OF SEAT (select one)
☐ Convertible style   ☐ 3-in-1 convertible style   ☐ Removable rear-facing infant car seat
☐ 2-in-1 booster car seat   ☐ No back booster seat   ☐ Belt positioning booster car seat

Seat 2

TYPE OF SEAT (select one)
☐ Convertible style   ☐ 3-in-1 convertible style   ☐ Removable rear-facing infant car seat
☐ 2-in-1 booster car seat   ☐ No back booster seat   ☐ Belt positioning booster car seat

Seat 3

TYPE OF SEAT (select one)
☐ Convertible style   ☐ 3-in-1 convertible style   ☐ Removable rear-facing infant car seat
☐ 2-in-1 booster car seat   ☐ No back booster seat   ☐ Belt positioning booster car seat

Seat 4

TYPE OF SEAT (select one)
☐ Convertible style   ☐ 3-in-1 convertible style   ☐ Removable rear-facing infant car seat
☐ 2-in-1 booster car seat   ☐ No back booster seat   ☐ Belt positioning booster car seat

Disposal Fees (please attach a copy of receipt(s) to this form):

I was charged a disposal fee: ☐ Yes   ☐ No

AMOUNT SHOWN ON RECEIPT
$