**Date:**

**To: Insurance Corporation of British Columbia**

 **\*c/o West Coast Title Search Ltd.**

 **512 - 1207 Douglas St., Victoria BC V8W 2E7**

 **Phone 1-800-667-7767 / Fax 250-383-1614**

**LETTER OF REPRESENTATION**

pertaining to a Request for Motor Vehicle Owner Information/Registration

We have instructed our registry agents, West Coast Title Search Ltd., to obtain motor vehicle owner searches and/or certified copies of vehicle registrations on our behalf (see below for specific request):

**Please provide**: [ ]  **Current** Registered Owner Search

 [ ]  **“AS AT”** court search ‘as at’ the accident date

**on the following** **LP#**:

This is to confirm that I am the solicitor for      , a party involved in a motor vehicle accident which occurred on      .

Pursuant to WCTS’ Information Sharing Agreement with the Insurance Corporation of British Columbia, we provide the following information to support our request:

I.C.B.C. Claim No. (mandatory):

Police Accident Report No. (optional): ­­­­­­      [ ]  copy attached

Claim File No. (non-ICBC insurance) (optional):

**------------------------------------------------------- OR -------------------------------------------------------**

**Please provide**: [ ]  **Name** search on:

This is to confirm that I am the solicitor for      , a party involved in litigation. A letter detailing our request and a copy of the court document is attached in support.

***Access to Information agreement: By signing this request form, I agree that I will not misuse or release this information to any other person or organization other than for the purpose for which I am making this request. ICBC reserves the right to request proof, through West Coast Title Search Ltd. as the service provider, of my use and the details of any disclosure. I agree to indemnify and save harmless West Coast Title Search Ltd. and ICBC, their directors, officers and employees and any person appointed to act as their agent or authorized in writing to act on their behalf, from any action, civil or criminal, that may arise as a result of any request for information.***

**Authorized signatory:**

**Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*The personal information is disclosed by consent to the lawyer through their client agreement, and without consent as per section 18 of the Personal Information Protection Act.*