



Civil Resolution Tribunal

Dispute Application Form – MVI – Person



Get a discount, save time, and have your application processed faster by applying online: <https://civilresolutionbc.ca/how-the-crt-works/getting-started>

Instructions

1. Complete this form. Please print clearly.
2. Fields marked * are required. If your form is missing information, it will take longer to process.
3. Attach any additional pages you need.
4. Submit your completed form and fee payment to the CRT. (See the end of this form.)

Helpers and Representatives

- A helper may assist you throughout the process, including filling out forms.
- A helper cannot speak on your behalf. Only a representative approved by the CRT can do that.
- If you want to have a representative, you must ask the CRT for permission. Complete and attach a Representative Request form. (Visit <https://civilresolutionbc.ca> to download the form.)

Personal Information and Privacy: Your personal information is collected for the purpose of a Civil Resolution Tribunal dispute resolution process, pursuant to the Civil Resolution Tribunal Act and the CRT's Rules. You can view the CRT's policy on access to records and information in CRT disputes at <https://civilresolutionbc.ca/resources/information-access-privacy-policy/>.

If you have any questions regarding the collection of your personal information, please contact us.

Email: info@crtbc.ca

Mail: ATTN Registrar and Executive Director
Civil Resolution Tribunal
PO Box 9239, Stn Prov Govt
Victoria BC V8W 9J1

Application Overview

* Required fields

Section 1: Applicant - Who is applying for dispute resolution?

- Use this form if you're an individual. (If you're an authorized employee of an insurance company, use our Dispute Application Form – MVI – Insurer instead. Download this form from our website.)
- If there's more than one applicant, include a separate applicant page for each.

Section 2: Respondent - Who is the dispute against?

- You need to know whether the respondent is an individual, a business (such as a sole proprietorship or corporation, a partnership, or a company) or an organization (such as a society or association).
- Ensure you have the correct names for your respondents. If the name isn't exact, you may not be able to enforce a CRT order. If you don't know the identity of someone involved in the accident (for example, a hit-and-run) you could name the insurer as a respondent instead.
- If there's more than one respondent, include a separate respondent page for each.

Section 3: Dispute Details - What is your dispute about?

- Describe your dispute and answer some questions about your motor vehicle accident.
- The CRT has jurisdiction over disputes about accident benefits, disputes about damages and fault up to \$50,000, and determining whether an injury is a "minor injury".

Section 4: Declarations and Signature

- Read and acknowledge the declarations by marking the checkboxes.
- Sign and date the form.

Section 5: Instructions for Fee Payment and Form Submission

- Read this section for details on the application fee and how to pay it.
- Send your completed application form and payment to the address specified.

Section 1: Applicant

If there's more than one applicant, include a separate applicant page for each.

| Personal Information | | |
|--|----------------------------|--------------------------------|
| * Legal First Name and Middle Name | * Legal Last Name | |
| Preferred First Name | List other names you go by | |
| How should the CRT refer to you? (We are asking so we address you respectfully during the process.) <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them <input type="checkbox"/> Other: | | |
| * Address (Street or P.O. Box) | Unit | * Postal Code |
| * City | * Province/State | Country (if other than Canada) |
| * Daytime Phone | * Email Address | |

Special accommodations



Special accommodations are not disclosed to other parties in your dispute. The CRT only uses this information to determine what assistance we may be able to give you.

| Additional Applicant Information | | |
|---|---|--|
| * Are you under 19 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | * Do you have a committee of estate, a representative appointed in a representation agreement, or an attorney appointed in an enduring power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Do you have any of the following that may require special accommodation? | | |
| <input type="checkbox"/> Difficulty reading and writing | <input type="checkbox"/> English speaking difficulty | <input type="checkbox"/> Visual impairment |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Other (describe): |

Section 2: Respondents

A respondent is who your dispute is against. For all disputes about accident benefits, the CRT will add the Insurance Corporation of British Columbia (ICBC) as a respondent. If you don't know the identity of someone involved in the accident (for example, a hit-and-run) you should contact the insurer or check the police accident report, if there is one.

Depending on what your dispute is about, you may decide to name as a respondent:

- Another driver in the accident, or the owner of another vehicle in the accident
- The business the driver of another vehicle works for
- ICBC or another insurer

If there's more than one respondent, include a separate respondent page for each.

** If the respondent is a person*

| Respondent Information | | |
|------------------------------------|-------------------|--------------------------------|
| * Legal First Name and Middle Name | * Legal Last Name | |
| * Address (Street or P.O. Box) | Unit _ | * Postal Code |
| * City | * Province/State | Country (if other than Canada) |
| Daytime Phone | Email Address | |

** If the respondent is a business or organization*

| Respondent Information | | |
|--|------------------|--------------------------------|
| * Legal Business or Organization Name | | |
| * Address (Street or P.O. Box) | Unit _ | * Postal Code |
| * City | * Province/State | Country (if other than Canada) |
| * Type of business: | | |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Society/Non-profit <input type="checkbox"/> Other: | | |

Section 3: Dispute Details

| Dispute Information | |
|--|--|
| <p>* Were you, or the person you're applying on behalf of, injured in the accident?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>* What is your dispute about? (Check all that apply)</p> <p><input type="checkbox"/> Minor injury determination</p> <p><input type="checkbox"/> Accident benefits</p> <p><input type="checkbox"/> Damages up to \$50,000 (<i>A claim for fault is automatically included</i>)</p> |
| <p>* When was the accident?</p> <p>* Where was the accident? City:</p> <p>Province: <input type="checkbox"/> In BC <input type="checkbox"/> Outside BC</p> <p>* Location details (like an intersection, highway, or km mark of highway):</p> | <p>* Do you want the respondent to pay for dispute-related fees and expenses? These could include application fees, courier fees, or registered mail fees.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

| Other Resolution Processes |
|--|
| <p>* Has a resolution process for any of these claims gone to a court, tribunal, or legally binding process? For example, the Civil Resolution Tribunal, Provincial Court, Supreme Court, Human Rights Tribunal.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, where is the other process and how far along is it? (The Civil Resolution Tribunal can't accept appeals from decisions made by other courts, tribunals, or legally binding processes.)</p> |
| <p>What have you done so far to try to resolve this dispute?</p> |

*** If you're applying for a minor injury determination**

| Minor injury determination claim details |
|---|
| <p>* Describe why you believe your injury should NOT be classified as a minor injury:</p> |

*** If you're applying for an accident benefits claim**

| Accident benefits claim details | |
|---|---|
| <p>* What types of accident benefits are you claiming? (Check all that apply)</p> <p> <input type="checkbox"/> Medical <input type="checkbox"/> Income replacement <input type="checkbox"/> Disability for homemakers <input type="checkbox"/> Funeral and survivor </p> | |
| <p>* What is the total amount you expect to receive for these benefits? Enter the total amount you want to be reimbursed, or the total expected costs that were denied.</p> <p>\$</p> | <p>* Why do you believe you should receive these benefits? Explain:</p> <ul style="list-style-type: none"> • What was denied (e.g. medical treatments, equipment, income replacement, etc.) • Why you believe the benefits are reasonable and necessary |
| <p>* When did ICBC notify you of their final decision about your benefits?</p> | |

*** If you're applying for a damages claim**

| Damages claim details | |
|--|---|
| <p>* Has your insurer told you who was at fault for the accident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>* If yes, what percent did they say you were at fault? You'll find this information in the decision from the insurer. %</p> <p>* Do you agree with the insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>* What types of damages are you asking for, and how much? (Check all that apply)</p> <p> <input type="checkbox"/> Pain and suffering amount: \$ <input type="checkbox"/> Past income loss amount: \$ <input type="checkbox"/> Future income loss amount: \$ <input type="checkbox"/> Future care costs amount: \$ <input type="checkbox"/> Out-of-pocket expenses amount: \$ <input type="checkbox"/> Property damage amount: \$ <input type="checkbox"/> Other damages amount: \$ </p> <p>* Total amount claimed: \$</p> <p>* Why do you feel you should receive these amounts?</p> |
| <p>* What happened in the accident?</p> | |
| <p>* What injuries did you suffer?</p> | |

Section 4: Declarations and Signature

Information and Access Policy

The Civil Resolution Tribunal (CRT) collects a wide variety of information from parties in disputes brought to the Tribunal. Most of this information is shared with the parties and their representatives during the dispute resolution process. In some cases, members of the public may also be able to access CRT dispute records.

The CRT only asks for information that is needed to resolve a dispute. The CRT will collect the following types of information, and share it with the parties:

- Contact information for the parties and their representatives, including names, addresses, telephone numbers, fax numbers, and email addresses;
- Each party's description of the dispute and position on its resolution;
- Communications between the parties and the CRT;
- Information and evidence provided by parties, which may include information about damages and injuries, health and financial records, and other information of a personal nature;
- Information about witnesses, including their contact information and evidence they might be called upon to provide.

The CRT might also collect information from a party about special circumstances they might have. These circumstances might include language or capacity issues, or the ability to pay CRT fees. This information will not normally be shared with other parties, unless the circumstances require the CRT to do so.

Generally, discussions between the parties aimed at resolving a dispute through negotiation will be confidential. This means the CRT will not disclose these negotiations unless the parties agree to the disclosure or the law requires it.

If the parties settle a dispute by negotiation and agreement, the public will be able to request copies of any CRT order documenting the settlement.

If a dispute is not resolved by agreement, it will move into the Tribunal Decision Process. The CRT will decide the claims and make any necessary orders to give effect to the decision. Members of the public may access the names of parties in a CRT Tribunal Decision Process, as well as a general description of the dispute and its status. Members of the public may also request copies of submissions and evidence provided during the Tribunal Decision Process.

The Civil Resolution Tribunal Act requires that final decisions and orders must be posted to the CRT's website and available to the public. Normally, a member of the public will have to submit a request to search for dispute records that are not publicly available through the CRT or another public website.

If a party or witness is concerned that information in a final decision or order would be harmful to their privacy or security, they may request that this information be redacted or anonymized.

All information that the CRT receives from parties and witnesses is stored in Canada.

The CRT's complete policy on collecting and disclosing information gathered during the dispute resolution process can be found online at <https://civilresolutionbc.ca/resources/information-access-privacy-policy>.

If you have other questions about the CRT’s policy for accessing dispute records or storage of the records, contact the CRT at:

Email: info@crtbc.ca

Phone (toll-free): 1-844-322-2292

Mail: ATTN: Registrar and Executive Director
 PO Box 9239, STN PROV GOVT
 Victoria, BC V8W 9J1

Declarations and Signature

*** I confirm that:**

- The CRT only asks for information necessary to resolve a dispute. Information entered in this application form will be shared with the other parties in the dispute, except where indicated in the form. I confirm that all applicants are aware of the CRT’s Information Access and Privacy Policy.
- I am responsible for providing evidence to support my position on each claim in the dispute. I understand that if the dispute goes to the Tribunal Decision Process, there will be deadlines for providing my evidence, and failure to prepare that evidence in advance may not be a basis for the CRT to extend those deadlines.
- I understand that the maximum amount that the CRT can award for damages in a motor vehicle injury dispute is \$50,000. Only the BC Supreme Court can award damages over \$50,000. For more information about CRT jurisdiction, visit the CRT website. I understand the CRT will contact me to review my application if I claim more than \$50,000.
- I understand that, under section 92 of the *Civil Resolution Tribunal Act*, a person who provides false or misleading evidence or other information in a tribunal proceeding commits an offence and is liable on conviction to a fine of \$10,000 or imprisonment for a term not longer than 6 months, or both.

* Signature of applicant:

* Date signed:



Section 5: Instructions for Fee Payment and Application Submission



Application fees must be paid in full when you submit your application, or else your application may not be accepted. If you can't pay the fees, complete our [Fee Waiver Request](#) form and submit it with your application. (Download this form from our website.)

Application fees for Motor Vehicle Injury disputes filed by email, fax, or mail:

| | |
|---|-------|
| CRT Application – Minor Injury Determination claim | \$100 |
| CRT Application – Accident Benefits claim | \$100 |
| CRT Application – Damages/liability claim | \$150 |
| CRT Application – Damages/liability claim + Minor Injury Determination and/or Accident Benefits claim | \$150 |

How to pay:

- **By mail.** Attach a cheque or money order to this form. Make your cheque or money order payable to “Minister of Finance”. There is a \$30 fee for dishonoured cheques.
- **In person at any Service BC location.** Service BC accepts payment by cash, cheque, credit card, and debit. Service BC has offices throughout BC. Find your nearest location at <http://www.servicebc.ca>

How to submit your completed application:

- **By email or fax.** Save your completed form and email it to RSC@crtbc.ca or fax to 1-250-356-6552. Pay in person at any Service BC location, or let us know that you're mailing your payment.
- **By mail or courier.** Mail this completed form and your cheque or money order to:

ATTN: Intake
Civil Resolution Tribunal
PO Box 9239 STN Prov Govt
Victoria BC V8W 9J1