

MOTOR DEALER CUSTOMER COMPENSATION FUND CLAIM FORM

Please note that a copy of your claim will be provided to the Motor Dealer and the Motor Dealer Customer Compensation Fund Board

You are required to enclose the following information in support of your claim:

- a) The original Purchase Agreement or Bill of Sale or Contract (if not available, please submit a copy of the front and reverse side of the invoice);
- b) Proof of Payment:
 - If paid by cheque, a copy of the front and back of the cheque issued to the Dealer;
 - If paid by credit card, a copy of the voucher or statement;
 - If paid cash, the attached Cash Payment Affidavit completed and sworn;
- c) A copy of your "Demand Letter to Dealer" (if the Dealer is still in business) and proof your "Demand Letter to Dealer" was sent via Registered Mail;
- d) A copy of your current vehicle registration form and owner's certificate of insurance for verification;
- e) A copy of Judgment and Statement of Claim Form (if applicable);
- f) The enclosed Release and Undertaking **completed, signed and dated**;

IMPORTANT: If you fail to complete or send any of the requested documents, the complete package may be returned to you.

APPLICANT INFORMATION

Last Name _____ First Name _____

Address _____

City _____ Province _____ Postal Code _____

Business Tel No. _____ Home Tel No. _____

Cellular No. _____ Fax No. _____

Percentage vehicle is/was used for: _____% business purposes _____% personal use

MOTOR DEALER INFORMATION

Name of Motor Dealer _____

Address _____

City _____ Province _____ Postal Code _____

Business Tel No. _____ Amount of Claim \$ _____

MUST BE COMPLETED

Please return to:

**Motor Vehicle Sales Authority of British Columbia
Suite 150 - 6400 Roberts Street, Burnaby, BC V5G 4C9**

SUMMARY OF EVENTS (Preferably typed)

Please provide the reasons or basis of your claim, a description of the vehicle(s), the nature of the transaction/contract including all relevant dates and contents of phone calls/letters/other discussions with the motor dealer. Please include details of your demand for payment from the dealer. (Additional documents may be presented as an attachment).

ASSIGNMENT and UNDERTAKING

WHEREAS:

- A. The claimant or claimants identified below (collectively and individually referred to as the "Claimant") has a claim against the motor dealer identified on this application form (the "Claim").
- B. The Claimant has made application to the Motor Dealer Customer Compensation Fund Board (the "Board") for compensation from the Motor Dealer Customer Compensation Fund (the "Fund") in relation to the Claim, as authorized under the *Motor Dealer Act*.
- C. Pursuant to the *Motor Dealer Act*, money must not be paid from the Fund unless the Claimant has assigned to the Board all the rights under the Claim.
- D. Pursuant to the *Motor Dealer Act*, if the Board makes payment from the Fund in relation to the Claim, and the Claimant receives something of value from some other source in payment of the loss that led to the payment from the Fund, the Claimant must repay to the Fund money equal to the value of the thing received from the other source failing which the Board has a cause of action against the Claimant for the amount unpaid.

FOR VALUABLE CONSIDERATION (the receipt and sufficiency of which is hereby acknowledged) the Claimant (and each of them) hereby agrees, undertakes, acknowledges and declares as follows:

1. I declare and represent that nothing of value has been received by me from any source in payment of the loss arising from or in connection with the Claim.
2. I undertake to immediately advise the Board if I receive something of value from any source in payment of the loss arising from or in connection with the Claim.
3. I declare and represent that neither the Claim, nor any part thereof, has been released or discharged.
4. I undertake to provide all documents and information concerning the Claim to the Board.
5. I acknowledge and understand that a decision, order or ruling of the Board made in respect of my application for compensation is final and conclusive, and is not open to question or review in court except on a question of law or excess of jurisdiction, subject only to the discretion of the Board to reconsider its own decision.
6. If I receive any payment from the Fund in relation to the Claim:
 - (a) I hereby assign to the Board the Claim, and I irrevocably appoint the Board my true and lawful attorney, with full power and authority in my name and on my behalf, but at the risk, cost, expense and for the benefit of the Board, to sue for, recover and receive the proceeds of the Claim hereby assigned, and to give good and sufficient releases therefore; and
 - (b) I undertake to repay to the Fund money equal to the value of anything received by me from any source in payment of the loss arising from or in connection with the Claim.

Claimant's Signature

Claimant's Signature

Please Print Name

Please Print Name

Date

Date