



The Motor Dealer Compensation Fund (the "Fund") provides compensation to consumers who have lost money because a motor dealer has either gone out of business or has failed to meet certain legal obligations. The money in the Fund comes from contributions made by all licensed motor dealers in BC. The Fund is the last resort for dealing with a dispute with a dealer and only some types of losses are covered by the Fund.

To be eligible for compensation, a claim must involve:

- a motor vehicle;
- a licensed motor dealer or salesperson;
- a consumer transaction; and
- an eligible loss.

Major eligibility limitations for compensation from the Fund are noted in the form below. We recommend that you check your eligibility before filing the claim. If you are affected by any of the limitations, you may wish to consult a lawyer to determine if you have any other legal remedies.

If you have questions about the claim process, or completing this form, or other options that you may have to resolve your dispute, please visit the website of the Motor Vehicle Sales Authority of BC (the "VSA") at [www.vehiclesalesauthority.com](http://www.vehiclesalesauthority.com) or contact the VSA Consumer Services at 604.575.7255 or toll-free at 1.877.294.9889.

### HOW TO MAKE A CLAIM

Before making a claim, you must first make a written [Demand to Motor Dealer](#). If your Demand is not satisfied **after 30 days**, or if you receive a response from the motor dealer in less than 30 days and you are not satisfied with the response, you can **make a claim** by completing the Claim Application Form.

#### **Step 1 – Self-assessment of eligibility for making a claim**

Assess if you meet eligibility criteria for applying for compensation from the Fund. Eligibility criteria are explained on the VSA's website in the [Compensation Fund Frequently Asked Questions](#)

#### **Step 2 – Preparing a Claim Application Form**

Fill out the Claim Application Form. If you are filling out the form online, print a completed copy. Attach required documentation and sign the form.

#### **Step 3 – Making a claim**

Claim application must be made within 120 days from the date of your Demand. In certain circumstances, the Registrar of Motor Dealers may provide an extension to this term. Contact the VSA Consumer Services if you need an extension.

Send your completed and signed Claim Application Form with attachments to the VSA Consumer Services:

By e-mail: [consumer.services@mvsabc.com](mailto:consumer.services@mvsabc.com)

By mail: Vehicle Sales Authority of BC  
Suite 208 - 5455 152<sup>nd</sup> Street, Surrey, BC V3S 5A5, or

By fax: 604.574.5883

### IMPORTANT

Providing false and misleading information is an offence under the *Motor Dealer Act*.

Completing all applicable fields of this form will ensure that the VSA receives sufficient information to fully address your concern.

Incomplete applications will cause process delays.

**Section 1. Who is making the claim**

**Limitation:** Eligible claim application must be by an individual, not a corporation, partnership of any other kind of business.

**\*Note:** By providing your e-mail address, you authorize us to send you all claim correspondence by e-mail.

**Part A. Claimant's contact information**

*Claimant* is the person who is applying for compensation from the Motor Dealer Customer Compensation Fund.

First name \_\_\_\_\_ Last name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail\* \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail\* \_\_\_\_\_

**Part B. Helper's contact information** (complete if applicable)

*Helper* is the person who helped the claimant to complete this form.

First name \_\_\_\_\_ Last name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail\* \_\_\_\_\_

**Part C. Legal representative's contact information** (complete if applicable)

*Legal representative* is the person legally authorized to act on behalf of the claimant.

First name \_\_\_\_\_ Last name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail\* \_\_\_\_\_

Legal authority for representation (list and attach supporting documents):  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2. Consent to disclose your claim status**

**Limitation:** To meet privacy requirements, the VSA can only provide claim information to claimants or authorized third parties. If you are the claimant and wish to authorize the VSA to provide information from your claim to anyone other than yourself (or your legal representative), we need your Consent to disclose personal information.

The individual you designate will be able to obtain information such as the status of your claim and/or receive copies of correspondence about your claim.

If applicable, please complete and attach to your claim form an [Authorization for Release of Personal Information and Records](#)

Authorization attached Yes  No

**Section 3. Claim amount**

**Limitation:** All applicants must provide claim amounts for suffered losses. Only specific types of losses are covered by the Fund.

Amount of claim for compensation from the Motor Dealer Customer Compensation Fund: \$ \_\_\_\_\_

**Section 4. Motor Dealer**

**Limitation:** Eligible claim application must involve a consumer transaction with a licensed BC motor dealer and salespeople.

Name of the company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Salesperson \_\_\_\_\_

Manager (General  Sales  Business ) \_\_\_\_\_

**Section 5. Vehicle and transaction**

**Limitation:**

Timeline: Eligible claim application must include a Demand to Motor Dealer made with 4 years from the transaction to which the demand relates. Vehicle: Eligible claim application must involve motor vehicle as defined by the *Motor Dealer Act*. "Motor vehicle" means a self-propelled vehicle designed or used primarily for travel on a highway (the *Highway Act*), and includes a trailer (the *Motor Vehicle Act*), designed or used primarily for accommodation during travel or recreation, but does not include an all-terrain vehicle (the *Motor Vehicle Act Regulations*), a farm tractor or motor assisted cycle (the *Motor Vehicle Act*), or machinery primarily intended for construction, mining or logging purposes (the *Motor Dealer Act*).

**Vehicle**

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Vehicle identification number (VIN)

VIN is a unique serial number that identifies a motor vehicle. Recreational Vehicles (RV) have 2 VINs – one for the chassis and one for the coach.

VIN: \_\_\_\_\_ VIN2: \_\_\_\_\_  
(for an RV, this is the VIN noted on your registration) (for RV's only - this is the coach VIN)

Registration number: \_\_\_\_\_  
(as stated on the ICBC Transfer/Tax Form or Vehicle Registration)

Odometer reading: At purchase \_\_\_\_\_ Now \_\_\_\_\_

**Transaction**

Date of payment a deposit: \_\_\_\_\_ Date of purchase / lease / consignment \_\_\_\_\_

Deposit amount: \_\_\_\_\_ Price: \_\_\_\_\_ (before taxes, extras)

Financed  Leased  Cash

With trade-in: Yes  No  Extended warranty: Yes  No

**Section 6. Vehicle's use**

**Limitation:** Eligible claim application must involve a consumer transaction. That means a transaction by an individual and with respect to a vehicle primarily intended for personal use. A vehicle's use is determined at the time of the transaction.

**Personal use** means the vehicle is owned by an individual and is used for personal, family or household purposes and not used to try and generate income. Example: Using the vehicle to go to and from work, school or shopping is considered personal use.

**Business use** means the vehicle is owned by an individual and is used to try and generate income. Example: Using a vehicle to meet clients or make deliveries as part of a job is considered business use.

A claimant must provide evidence of the vehicle's use. This evidence is necessary to establish claimant's eligibility to apply for compensation from the Fund.

A. At the time of transaction, what was the intended use of the vehicle:

\_\_\_\_\_ % for personal use; \_\_\_\_\_ % for business use

B. Attach supporting documents:

Certificate of insurance showing declared vehicle use at the time to the transaction

A copy attached

C. If a percentage of the intended use was for business, what was the intended business use:

D. If a percentage of the intended use was for business, attach the following supporting documents:

Portions of the claimant's income tax return showing the declared percentage of business use of a vehicle. Include copies for the tax year in which the transaction happened plus for the next 2 years (if a vehicle is owned for more than 2 years)

A copy attached

Detailed statement about the use of the vehicle

A copy attached

Other documentation, such as evidence how the vehicle was used after purchase

A copy attached

### **Section 7. Reasons of the claim**

Please provide the reasons of your claim. List the events related to your claim in the order they occurred. Include names of salesperson and/or manager you dealt with. Describe all efforts taken in order to resolve this matter. If needed, please attach a more detailed statement to this form. It is preferable to type your statement.

**IMPORTANT:** See Section 9. Terms of service (page 5) for information about your responsibility to provide information that is complete, true and accurate to the best of your knowledge and belief.

Additional statement attached: Yes  No

**Section 8. Required supporting documents**

Please enclose the following documents in support of your Claim Application:

- A. Demand to Motor Dealer form and proof of delivery to the motor dealer (where dealer is in business) or to the VSA (where the dealer is not in business).
- B. The original or legible photocopy of the front and reverse side of a Purchase Agreement, Bill of Sale or Contract;
- C. Proof of Payment with respect to the transactions that are the subject matter of the claim:
  - If paid by cheque, a copy of the front and reverse of the cheque;
  - If paid by credit card, a copy of the voucher or statement;
  - If paid by cash in an amount of \$1,000 or more, the Cash Payment Affidavit completed and sworn before a commissioner for taking affidavits. Cash Payment Affidavit form is included in the Claim Application Package or can be downloaded from the VSA website.
- D. A copy of the current vehicle registration and the certificate of insurance for the vehicle that is the subject matter of your claim;
- E. If applicable, a copy of any Court Judgment and Notice of Claim (if your dispute is / was subject of legal proceedings);
- F. If applicable, a copy of the Better Business Bureau case file (if your dispute is / was subject of Better Business Bureau dispute resolution); and
- G. Any relevant documents pertaining to your claim (including any receipts, conditional agreements, warranty information, etc.)

**Section 9. Terms of Service**

**Your private information**

The information that you provide is collected in accordance with the VSA Privacy Policy and is needed to evaluate your claim to establish the VSA's jurisdiction and to conduct an investigation or undertake administrative action. This information may need to be shared with the dealership involved in the transaction that is the subject matter of your claim.

By sending a Claim Application Form to the VSA you are authorizing the release of this information for investigative and statistical purposes, and taking administrative action including claim adjudication decisions by the Motor Dealer Customer Compensation Fund Board and/or hearings before the Registrar of Motor Dealers which are both published on the VSA's website.

The VSA may, at its discretion, contact any third parties, whether named on this Claim Application Form or not, who may have information relevant to this claim. Such third parties include, but are not limited to, dealerships, repair facilities, law enforcement agencies, insurance companies, providers of extended warranties and other agencies as required.

**Your responsibilities**

All information that you submit to the VSA in support of your Compensation Fund Claim Application must be true and accurate to the best of your knowledge and belief.

Knowingly or recklessly providing false or misleading information is an offence under the *Motor Dealer Act* punishable by fine, imprisonment or to both. Being reckless is providing any type of information without concern that the information is true or not.

**Section 10. Survey consent**

To provide better public services in the future, the VSA conducts electronic surveys. Participation is voluntary and you may revoke your consent at any time. Are you willing to participate in a survey?

Yes  \_\_\_\_\_ No  \_\_\_\_\_  
(initials) (initials)

\_\_\_\_\_  
(E-mail address)

**Section 11. Assignment and Undertaking**

**WHEREAS:**

- A. The claimant or claimants identified below (individually and collectively referred to as the "Claimant") has applied for compensation from the Fund in regard to the Claimant's loss described in this Claim Application Form (the "Claim").
- B. Pursuant to the *Motor Dealer Act*, money must not be paid from the Fund, unless the Claimant has assigned to the government all the rights under the Claim.
- C. According to Section 20 of the *Motor Dealer Act* (the "MDA"), the Claimant has an obligation to advise the VSA if the Claimant receives additional compensation from another source for the loss paid from the Fund. For instance, if an insurance company also awards the Claimant compensation for the same loss paid from the Fund, the Claimant must advise the VSA immediately about that compensation that may need to be repaid to the Fund. Failure to repay the Fund may be a cause of legal action against the Claimant for the amount unrepaid.

**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 VSA 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.
- 5. I confirm that the information provided by the undersigned in support of this Claim is complete, true and accurate to the best of my knowledge and belief.
- 6. I acknowledge and understand that a decision, order or ruling of the Motor Dealer Customer Compensation Fund Board (the Board") made in respect of my claim 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.
- 7. If I receive any payment from the Fund in relation to the Claim:
  - (a) I hereby assign the Claim to the Province of British Columbia (the "Province"), and I irrevocably appoint the Province 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 Province, 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.
- 8. I acknowledge that the VSA and the Board may be required to share my personal information in this Claim in accordance with the Terms of Service (section 9 of this Form) and I consent to the release of personal information for such purposes.

Claimant

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*first name last name*

Date: \_\_\_\_\_  
*day month year*

Claimant (if applicable)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*first name last name*

Date: \_\_\_\_\_  
*day month year*

Legal Representative for Claimant (if applicable)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*first name last name*

Date: \_\_\_\_\_  
*day month year*

