

Consumer DRIVER Report Request

The DASH Consumer Driver Report Request form allows consumers to request their own personal DASH Consumer Driver Report.

- 1. This form must be completed and submitted with supporting documentation if you wish to request your free DASH Consumer Driver report. Required fields are marked with a red asterisk (*).
- 2. Please complete all required fields in the "Personal Information", "Current Address", and "Signature" sections.
- 3. Please include clear copies or scans of the following documentation to verify your identity:
 - a. The front of your driver's licence showing your name, date of birth, address and driver's licence number
 - b. One document confirming the name and address on the driver's licence (e.g., recent utility, hydro, phone, cable internet or financial statements)

Note: We recommend that you black out any details that are not required to verify your identity.

4. Submit your request to DASH support team through one of the methods described at the end of this document.

Personal Information		
First Name*		
Middle Name		
Last Name*		
Date of Birth*		
Driver License Number (DLN) *		
DLN Jurisdiction*		
Email		
Phone Number*		

Current Address		
Street Number and Address*		
Apartment #		
City*		
Province*		
Postal Code*		
If less than two (2) years at the current address then please provide your prior address information.		
Street Number and Address		
Apartment #		
City		
Province		
Postal Code		



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Insurance Policy Information	1			
Please provide your current auto in	surance p	olicy information. If you do not have a	current policy then provide the last	
auto insurance policy information.				
Insurance Company				
Policy Number				
Policy Effective Date				
Policy Expiry Date				
Insured Vehicle V.I.N.				
•				
Reason for Request				
Your reason for requesting the DAS	H Consum	er Driver Report. Select one.		
Proof of insurance experience		Enter the name of the		
for insurance quote		insurance company or broker		
Confirm policy and/or claim				
information				
Other		Provide reason		
Signature				
Privacy Consent: By signing below,	you conse	nt to the Insurance Bureau of Canada ("IBC") collecting, using, disclosing and	
retaining the personal information provided in this form above and the attached supporting documents to confirm your				
		, in accordance with IBC's privacy polic	y. For more information about IBC's	
privacy practices, please see our Pri	vacy Polic	y at <u>Privacy Statement (ibc.ca)</u> .		

Signature*

Date*



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Send your request to IBC (DASH) via any of the three options below:

Option 1 – Email the completed form and identification documents to DASHConsumerRequests@ibc.ca

Email requests will be processed and a password protected Consumer DASH Report will be emailed to you within 10 business days. The password will be sent in a separate email.

Option 2 – Mail the completed form and identification documents to

IBC (DASH Consumer Request)
2235 Sheppard Avenue East, Atria II Suite 600
Toronto, Ontario
M2J 5B5

Mailed in requests will be processed and the Consumer DASH Report will sent by regular mail to you within 10 to 20 business days of the completed form being mailed to IBC via Canada post.

Option 3 - In Person

Email <u>DASHConsumerRequests@ibc.ca</u> or call IBC Consumer Information Centre toll free line (1-844-227-5422 *M-F: 8:30-4:30*) and leave your contact information. IBC DASH team will contact you to schedule an appointment time during Monday to Friday from 8:30 a.m. to 4.30 p.m. (excluding holidays) to submit your completed form and identification documents.

The request will be processed and the Consumer DASH Report sent back to you by email or regular mail within 10 business days of the date of your appointment.

For IBC Internal Use Only				
Completed by:				
Date Received:				
Date Completed:				