

## Motor Dealer Customer Compensation Fund Demand to Motor Dealer

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.

Before making a claim, you must first make a written Demand to Motor Dealer. The Demand must be made **within 4 years** of the date of the transaction to which the demand relates. If your Demand is not satisfied **after 30 days**, you can make a claim.

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 Vehicle Sales Authority of BC (the "VSA") at [www.vsabc.ca](http://www.vsabc.ca) or contact the VSA Consumer Services at 604.575.7255 or toll-free at 1.877.294.9889.

### HOW TO MAKE A DEMAND

#### **Step 1 – Preparing a Demand**

The Demand must be made **within 4 years** of the date of the transaction to which the demand relates.

To fill out the Demand to Motor Dealer Form, go to page 2. If you are preparing the Demand using an online fillable form, print a completed copy and sign it.

#### **Step 2 – Making a Demand**

**If motor dealer is in business**, send the completed Demand to the Motor Dealer. You can send it by mail, e-mail, facsimile, or hand deliver.

Keep proof of delivery.

**If the motor dealer is not in business**, send the completed Demand to the Vehicle Sales Authority of BC (the "VSA"). You can send it to the VSA by email, mail or fax:

by e-mail: [consumer.services@vsabc.ca](mailto:consumer.services@vsabc.ca), or

by mail: Vehicle Sales Authority of BC  
Suite 280-8029 199th Street,  
Langley, BC V2Y 0E2, or

by fax: 604.575.7080

We will send the Demand to the motor dealer on your behalf.

### NEXT STEPS

If your Demand is not satisfied **after 30 days** from the date of the Demand,

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



**Motor Dealer Customer Compensation Fund  
Demand to Motor Dealer**

TO: Motor Dealer's Name: \_\_\_\_\_  
Motor Dealer's Address: \_\_\_\_\_  
Attention: Dealer Principal / General Manager

This Demand is made in compliance with Section 6 of the *Motor Dealer Customer Compensation Fund Regulation* providing you with **30 days** from the date of this Demand to honour it.

**DEMAND:** This is a final demand for \$\_\_\_\_\_ with respect to our transaction regarding the following vehicle:

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

Vehicle identification number (VIN) - 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: \_\_\_\_\_ VIN 2: \_\_\_\_\_  
(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)

**Reasons for the demand:**

Additional statement attached: Yes No

**My demand is in relation to:** (check the one that applies):

The purchase of a motor vehicle and that the Motor Dealer return to me the trade-in, full payment, deposit, down payment or other liquidated amount as set out above; or

The purchase of an extended warranty or service plan and that the Motor Dealer refund to me the cost of the unexpired portion of the warranty or plan; or

The Motor Dealer return an unsold consignment vehicle or remit the agreed amount of proceeds from the sale to me within the agreed period after sale.

My Demand is in relation to an issue that is not listed above

**NEXT STEPS:** Please be advised that if this demand is not met in **30 days**, I/we will make a claim for compensation from the Motor Dealer Customer Compensation Fund.

**MY / OUR CONTACT INFORMATION:**

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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

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

Date: \_\_\_\_\_

Date: \_\_\_\_\_