

**Date Submitted:** January 11, 2019

**Proceeding name:** ICBC 2019 Revenue Requirements

## **Participant contact information**

**Organization or individual name:** Sarah Polley

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**Province:** British Columbia

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**Phone number:**

## **For organizations only - representative contact information**

**Name:**

**Organization (if different from above):**

**City:**

**Province:**

**Email:**

**Phone number:**

**Also representing (if applicable):**

## **Additional information**

**Please state your reasons for intervening in this proceeding:**

After 2 years of reports that ICBC is failing, we need to make drastic changes so we can have a better system faster. We keep facing continual 6.3% increases, including 4 or 5 that happened last year. If the

**Please state how you are directly or sufficiently affected by the Commission's decision in this matter; or describe your experience, information, or expertise relevant to this matter that would contribute to the Commission's decision making:**

We do not operate on a communist state, I do not want to be paying for someone else's bad choices with coverage. That means, if I don't cause accidents and my vehicle continues to be depreciated, that my rates should go down and not up. For example, in other provinces, it is cheaper to insure a new vehicle than an old vehicle and customers are treated to a bonus if they upgrade because they are making the roads safer with a safer more reliable and better gas mileage vehicle. BC should not have unlimited TORT laws regarding car insurance, it is breaking our economy.

**Please list the key issues you intend to address in the proceeding:**

-premium increases for safe drivers -premium increases for vehicles being depreciated -care based claims procedure -limits on how much personal liability can be sued -limits on care -money going to lawyers and not claimants

## **For administrative purposes only**

**Do you intend to participate fully, including attendance at hearings and submission of evidence or information requests, if applicable?:** Yes

**Do you intend to request PACA funding? This does not impact your ability to participate:** No

**Have you or your organization web-registered as an intervener or interested party in the past 12 months?:** No

**If yes, please provide your username:**