

Accident report form

To help us get started on your claim right away, use this form to gather important information at the time of an accident.

Vehicle information from other driver

(Information in red is important for prompt claim handling.)

Driver's name _____ License no. _____ Prov _____

Address _____

Work phone no. _____ **Home phone no.** _____

Owner of vehicle _____ Telephone no. _____

Owner's address _____

Year _____ Make _____ Model _____

Plate no. _____ Prov _____

Insurance company _____ **Policy no.** _____

Be sure to write down the other driver's license plate number.

Accident information

Date of accident _____ Time _____

Place of accident - Street Name _____

City _____ Prov _____

Your vehicle information

Year _____ Make _____ Model _____

Plate no. _____ Prov _____

Owner of vehicle _____ Telephone no. _____

Driver's name _____ License no. _____ Prov _____

Witnesses

1. Name _____ Telephone no. _____

Address _____

2. Name _____ Telephone no. _____

Address _____

3. Name _____ Telephone no. _____

Address _____

Police investigation

Police officer's name _____ Division _____

Badge # _____ Report # _____ Was a ticket issued? _____

If yes: You
 Other driver

Injured persons

1. Name _____

Telephone no. _____

Address _____

Description of injury _____

Injured person was (Please check one):

Driver Passenger Pedestrian

2. Name _____

Telephone no. _____

Address _____

Description of injury _____

Injured person was (Please check one):

Driver Passenger Pedestrian