

**AUTOMOBILE ACCIDENT REPORT**

CLAIM NUMBER

INSURER		AGENT OR BROKER		CLAIM NUMBER	
POLICY HOLDER	NAME OF INSURED			RESIDENCE PHONE	POLICY NUMBER
	HOME ADDRESS			BUSINESS PHONE	
VEHICLE	POSTAL CODE			BUSINESS ADDRESS	
	REGISTERED OWNER			ADDRESS	
	ACTUAL OWNER			ADDRESS	
	MAKE OF VEHICLE	YEAR	MODEL	SERIAL NO.	LICENCE PLATE NO. & PROVINCE
MILEAGE	DESCRIBE DAMAGE			ESTIMATE OF DAMAGE	
G.S.T.	IS THE POLICYHOLDER REGISTERED FOR THE GOODS AND SERVICES TAX?			IF THE ANSWER IS YES, PLEASE STATE:	
	<input type="checkbox"/> YES <input type="checkbox"/> NO			a) Registration Number _____ b) Percent Recoverable _____	
DRIVER	NAME OF DRIVER		AGE	STATE ANY PHYSICAL DISABILITIES	
	ADDRESS		BUSINESS ADDRESS		HOW LONG DRIVING
	RESIDENCE PHONE - ( )		BUSINESS PHONE - ( )		
	DRIVER'S LICENCE NO.		PROVINCE OF ISSUE	PREVIOUS ACCIDENTS OR CONVICTIONS	
	DATE OF ACCIDENT	TIME	A.M. <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK	LOCATION OF ACCIDENT	
	DD/MM/YYYY		P.M. <input type="checkbox"/> DARK		
	PURPOSE VEHICLE USED FOR AT TIME OF ACCIDENT		WEATHER CONDITIONS		ROAD CONDITIONS
	YOUR SPEED	DIRECTION	OTHER'S SPEED	DIRECTION	
	POLICE INVESTIGATION BY			CHARGES	
	HAD YOU TAKEN ANY ALCOHOLIC BEVERAGES OR DRUGS PRIOR TO THE ACCIDENT		WHO WAS RESPONSIBLE FOR THE ACCIDENT - REASON		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
DAMAGE TO PROPERTY OF OTHERS	NAME		PHONE	NAME	
	ADDRESS		PHONE		
	YEAR AND MAKE OF VEHICLE		LICENCE NO.	YEAR AND MAKE OF VEHICLE	
	LICENCE NO.		LICENCE NO.		
	NAME OF INSURER		POLICY NO.	NAME OF INSURER	
	POLICY NO.		POLICY NO.		
	DESCRIPTION OF DAMAGE			DESCRIPTION OF DAMAGE	
	WHERE CAN VEHICLE BE INSPECTED			WHERE CAN VEHICLE BE INSPECTED	
	NAME OF DRIVER		PHONE	NAME OF DRIVER	
	PHONE		PHONE		
ADDRESS		ADDRESS			
DRIVER'S LICENCE NO.		PROVINCE OF ISSUE	DRIVER'S LICENCE NO.		
PROVINCE OF ISSUE		PROVINCE OF ISSUE			

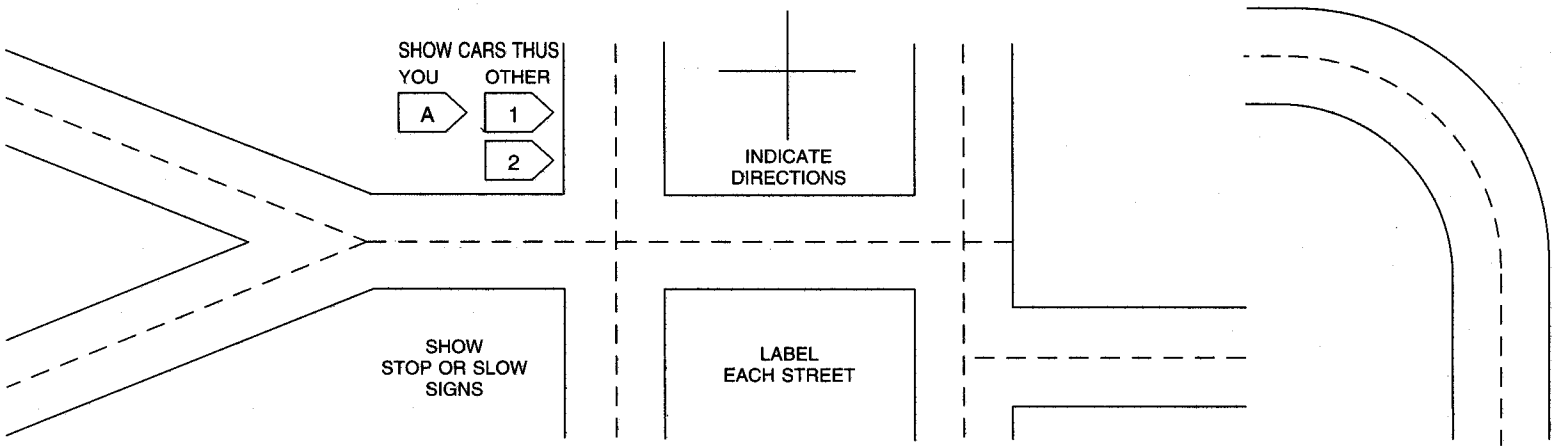
PERSONS INJURED	NAME	AGE	ADDRESS	PHONE	NATURE OF INJURIES	HOSPITAL

### DETAILS OF ACCIDENT

WITNESSES	NAME:	NAME:	NAME:
	ADDRESS:	ADDRESS:	ADDRESS:
	PHONE:	PHONE:	PHONE:
	IN WHICH CAR? <input type="checkbox"/> YOUR CAR <input type="checkbox"/> OTHER CAR #1 <input type="checkbox"/> OTHER CAR #2 <input type="checkbox"/> OTHER	IN WHICH CAR? <input type="checkbox"/> YOUR CAR <input type="checkbox"/> OTHER CAR #1 <input type="checkbox"/> OTHER CAR #2 <input type="checkbox"/> OTHER	IN WHICH CAR? <input type="checkbox"/> YOUR CAR <input type="checkbox"/> OTHER CAR #1 <input type="checkbox"/> OTHER CAR #2 <input type="checkbox"/> OTHER

### DESCRIPTION OF ACCIDENT

(Illustrate position of cars at time of collision. Show skid marks.)  
(If any street is more than two-lane or is one way only, please indicate.)




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DATE: D D/M M/Y Y Y Y      SIGNATURE OF DRIVER: \_\_\_\_\_

**TO BE COMPLETED BY POLICYHOLDER:**

WHO IS PRINCIPAL DRIVER OF YOUR VEHICLE?	WHAT IS DRIVER'S RELATIONSHIP TO YOU?
WAS VEHICLE BEING USED WITH YOUR CONSENT?	LIEN OR MORTGAGE ON VEHICLE TO:
DATE: D D/M M/Y Y Y Y	SIGNATURE OF POLICYHOLDER: _____