

AUTOMOBILE ACCIDENT REPORT

In the event that you need immediate assistance after hours, we have
a 24-hour emergency line: **1-866-212-3239**.

DRIVER INFORMATION	NAME OF DRIVER		AGE OF DRIVER						
	ADDRESS		CITY						
	HOME PHONE		BUSINESS PHONE						
	DRIVERS LICENCE NUMBER								
	DATE OF ACCIDENT	DAY	MONTH	YEAR	TIME OF ACCIDENT	:		AM	PM
	DARK		DAYLIGHT		DUSK		LOCATION OF ACCIDENT		
	WEATHER CONDITIONS			ROAD CONDITIONS					
	YOUR SPEED		KM/H	YOUR DIRECTION			OTHERS DIRECTION		
	POLICE CASE #			CHARGES					
	HAD YOU TAKEN ANY ALCOHOLIC BEVERAGES OR DRUGS PRIOR TO THE ACCIDENT?	YES			NO				
WHO WAS RESPONSIBLE			REASON						

Vehicle 1

Vehicle 2

DAMAGE TO PROPERTY OF OTHERS	NAME		NAME			
	PHONE		PHONE			
	ADDRESS		ADDRESS			
	DRIVERS LICENSE #		DRIVERS LICENSE #			
	VEHICLE YEAR		VEHICLE YEAR			
	VEHICLE MAKE		VEHICLE MAKE			
	NAME OF INSURER		NAME OF INSURER			
	POLICY #		POLICY #			
	DESCRIPTION OF DAMAGE			DESCRIPTION OF DAMAGE		
	WHERE CAN THE VEHICLE BE INSPECTED?			WHERE CAN THE VEHICLE BE INSPECTED?		

WITNESSES

NAME

ADDRESS

PHONE NUMBER

WHICH CAR? yours other #1 other #2

NAME

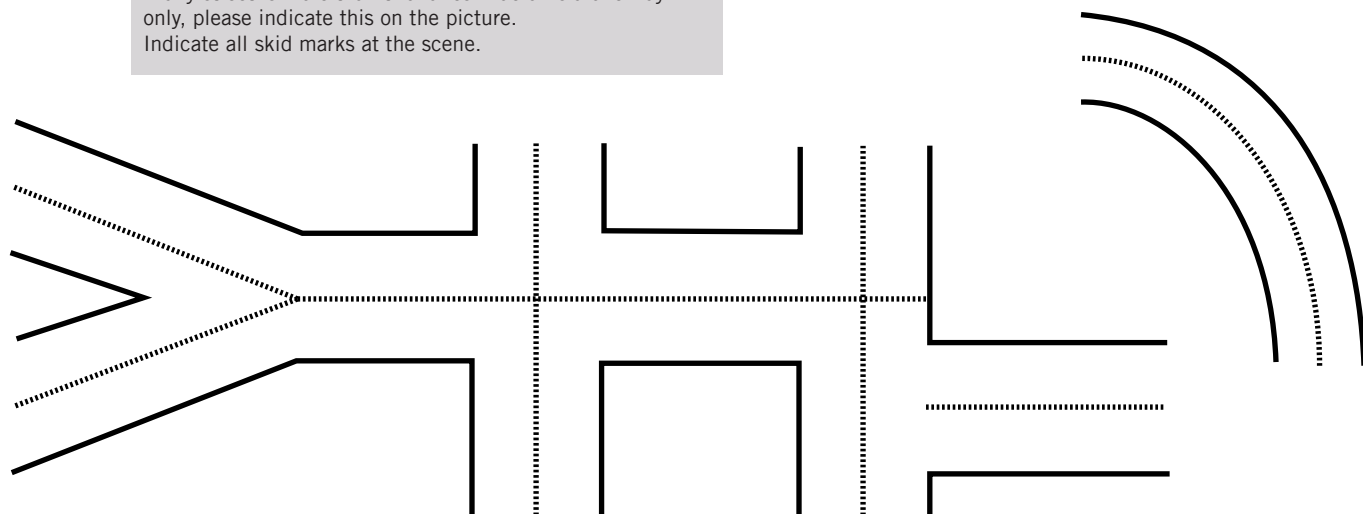
ADDRESS

PHONE NUMBER

WHICH CAR? yours other #1 other #2

ACCIDENT DESCRIPTION

Illustrate the position of all cars at the time of the accident.
If any street is more than two-lanes wide or is a one-way only, please indicate this on the picture.
Indicate all skid marks at the scene.



STATEMENT

SIGNATURE OF DRIVER

DATE

DAY MONTH YEAR

SIGNATURE OF POLICY HOLDER

DATE

DAY MONTH YEAR