

AUTOMOBILE ACCIDENT REPORT

INSURER		AGENT OR BROKER		CLAIM NUMBER			
POLICY HOLDER	NAME OF INSURED			RESIDENCE PHONE			
	HOME ADDRESS			BUSINESS PHONE			
			POSTAL CODE		POLICY NUMBER		
			BUSINESS ADDRESS		POSTAL CODE		
VEHICLE	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		HOW LONG DRIVING	
	ADDRESS			BUSINESS ADDRESS			
	RESIDENCE PHONE - ()			BUSINESS PHONE - ()			
	DRIVER'S LICENCE NO.		PROVINCE OF ISSUE	PREVIOUS ACCIDENTS OR CONVICTIONS			
	DATE OF ACCIDENT	TIME	A.M. P.M.	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK	LOCATION OF ACCIDENT		
	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		PHONE	
	ADDRESS			ADDRESS			
	YEAR AND MAKE OF VEHICLE		LICENCE NO.	YEAR AND MAKE OF VEHICLE		LICENCE NO.	
	NAME OF INSURER		POLICY NO.	NAME OF INSURER		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	
	ADDRESS			ADDRESS			
	DRIVER'S LICENCE NO.		PROVINCE OF ISSUE	DRIVER'S LICENCE NO.		PROVINCE OF ISSUE	

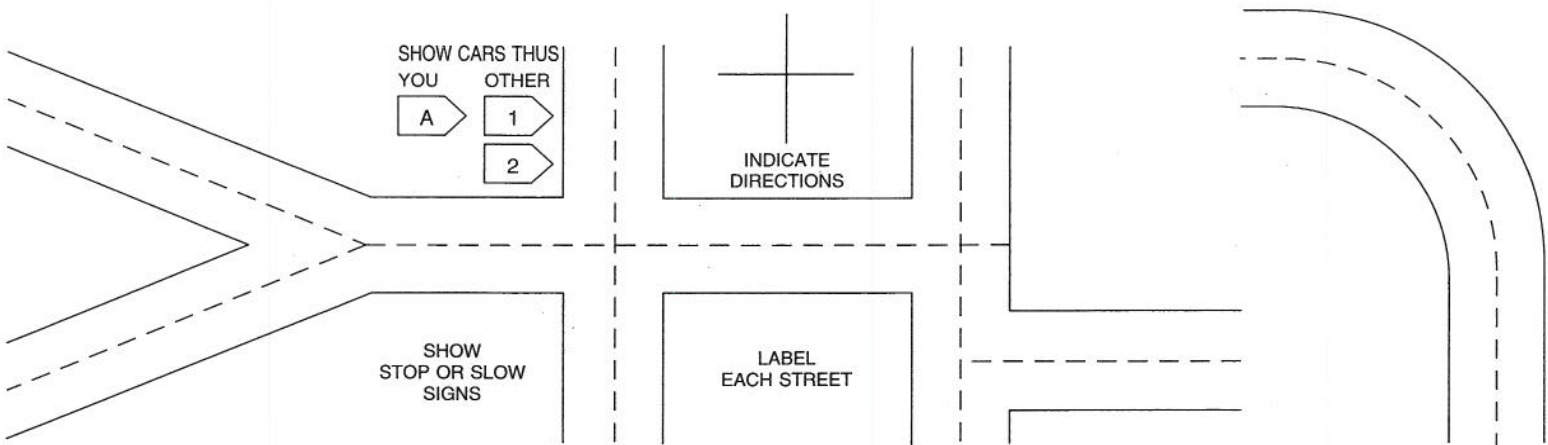
PERSONS INJURED	NAME	AGE	ADDRESS	PHONE	NATURE OF INJURIES	HOSPITAL

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.)



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: