After an Accident

- Stay Calm.
- If the vehicles are driveable and it is safe to do so, move them safely out of traffic.
- Apply first aid.
- If necessary, call the police and ambulance.
- Complete this form.

For 24 Hour Claims Reporting and Emergency Assistance, call (905) 886-4913 or 1(800)392-5235

Accident Details

| Time of accident: | | | | am/pm |
|-------------------|-----------|---------|-------|---|
| | | | | |
| Date of accident: | | | | * |
| | | | | |
| Street address: | | 113 | | |
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| City: | , d 1 1 1 | | | |
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| Province: | 11 1 11,, | | 0 | 1111 |
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| Speed: Your Kph | | _ Other | Kph _ | |

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| Description | on of yo | our vehicl | e's damage: | |
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| Description | on of ot | her vehic | le's damage: | |
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| | inve | estigati | ng Office | r |
| Name: | 1 1 1 1 | | | |
| Badge: _ | | | | <u> </u> |
| Local pol | ice deta | achment: | | |
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| | | 1 1 1 | 11.00 | 1 1 1 |
| Phone: _ | 10000 | 1 | | 1 1 1 1 1 |
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| | | Witn | ess | |
| Name: _ | 11 | | 1 1 1 | |
| Address: | <u> </u> | | | |
| Phono: | | | | |

Other Party

| Addross: | | |
|--------------------------|--------------------|--|
| Address: | | |
| Discourse | The second | |
| Phone: | | |
| Driver: | | |
| Address: | | |
| | | |
| Phone: | | |
| Driver's license #: | | |
| | | |
| Vehicle license plate #: | | |
| Insurance Company: | | |
| Policy #: | | |
| Number of passengers: | | |
| Name of injured: | | |
| Where treated: | | |
| | Tagenty delication | · |
| Other Veh | icle | |
| Year: | | |
| Make: | | 1 ************************************ |
| Model: | | 1 1 1 11, |
| Colour: | | 1 |
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| Notes | | |
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