

GLOVE BOX ACCIDENT REPORT FORM



We hope you are never involved in an accident, but if you are, we hope this form will assist you.

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

Call police, and if necessary, ambulance.

Take brief note

For 24-hour Claims Reporting and Emergency Assistance, call

1-800-319-9993

ACCIDENT DETAILS

Time of Accident: _____ am / pm

Date of Accident: _____
day / month / year

Street: _____

City: _____

Province: _____

Speed: Your _____
kph:

Other _____
kph:

Description of how the accident happened:

Description of your vehicle's damage:

Description of other vehicle's damage:

OTHER VEHICLE

Owner: _____

Driver: _____

Address: _____

Address: _____

Phone: Home: _____

Phone: Home: _____

Work: _____

Work: _____

Driver's licence

No.: _____

Vehicle licence

No.: _____

Insurance

Company: _____

Policy No.: _____

Vehicle Make _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Colour: _____

Number of
Passengers: _____

Name of injured: _____

Where treated: _____

INVESTIGATING OFFICER

Name: _____

Badge No.: _____

Phone: _____

Local Police Detachment: _____

WITNESS

Name: _____

Phone: Home: _____

Address: _____

Work: _____

SKETCH OF ACCIDENT SCENE (try to estimate distances)

