

Questions about insurance?

Call us.

British Columbia, Saskatchewan and Manitoba
Toll-free: 1-877-772-3777 ext. 222
Hours: M-F 9:00 a.m. – 4:00 p.m.

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Toll-free: 1-800-377-6378
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www.ibc.ca
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Insurance Bureau of Canada is the national trade association for Canada's private home, car and business insurers.



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The information provided in this brochure is intended for educational and informational purposes only. Please consult the appropriate qualified professional to determine if this information is applicable to your circumstances.

So, you've had an accident...

ACCIDENTS ARE STRESSFUL, BUT **STAY CALM**, AND USE THIS FORM TO **RECORD IMPORTANT DETAILS.**



CAR INSURANCE → VISIT IBC.CA

TIPS

- **Call the police if:**
 - someone is hurt;
 - you think any other driver may be guilty of a Criminal Code offence, such as drunk driving;
 - you suspect you're the victim of a staged collision;
 - there is significant property damage or the vehicle is not driveable.
- **If it's safe**, move your car to the side of the road. If you can't drive your car, turn on your hazard lights or use cones, warning triangles or flares.
- **Regardless of the circumstances, never admit fault for the accident, sign any documents regarding fault or promise to pay for the damages.**

THE ACCIDENT

Date: Time:

Location:

Road conditions (e.g., icy, wet, clear, debris):

Weather conditions (e.g., fog, hail, clear):

WHAT HAPPENED?

(In your own words, describe what happened.)

.....

.....

.....

.....

(Use this space to draw what happened.)

POLICE CALLED? Y N

If yes,

Officer's name:

Badge number:

Occurrence number:

ANYONE INJURED? Y N

If yes,

Name:

Who (driver? passenger? pedestrian? which vehicle? witness?):

.....



WITNESS TO THE ACCIDENT (1) *Independent witnesses are particularly important.*

Name: Address:.....
Home phone:
Business phone:

VEHICLE #1

Driver's name: Owner's name (if different than driver):
Driver's licence no.:
Driver's address: Owner's address:
.....
.....
Business phone: Business phone:
Home phone: Home phone:

THE VEHICLE

Make and model of vehicle:
Year: Licence no.:
Province:
Description of damage to vehicle:
.....
.....

THE PASSENGERS

PASSENGERS IN VEHICLE? Y N

If yes,
Name: Position in vehicle:*
Name:..... Position in vehicle:
Name: Position in vehicle:

** E.g., front passenger, driver-side rear, passenger-side rear*

INSURANCE

Insurance company: Insurance agent/broker:
Policy number: Expiry date:

WITNESS TO THE ACCIDENT (2) *Independent witnesses are particularly important.*

Name: Address:.....
Home phone:
Business phone:

VEHICLE #2

Driver's name: Owner's name (if different than driver):
Driver's licence no.:
Driver's address: Owner's address:
.....
.....
Business phone: Business phone:
Home phone: Home phone:

THE VEHICLE

Make and model of vehicle:
Year: Licence no.:
Province:
Description of damage to vehicle:
.....
.....

THE PASSENGERS

PASSENGERS IN VEHICLE? Y N

If yes,
Name: Position in vehicle:*
Name:..... Position in vehicle:
Name: Position in vehicle:

** E.g., front passenger, driver-side rear, passenger-side rear*

INSURANCE

Insurance company: Insurance agent/broker:
Policy number: Expiry date: