

YOUR RECORD OF INFORMATION FOR A CLAIM

DATE _____ TIME _____

LOCATION _____

REQUEST OTHER DRIVER'S INFORMATION

*NAME _____

*ADDRESS _____

CITY _____ POSTAL CODE _____

HOME PHONE No. _____

BUSINESS PHONE No. _____

*DRIVER'S LICENSE. NO./PROV./STATE. _____

*VEHICLE PLATE No. _____

VEHICLE MAKE _____

VEHICLE DAMAGE _____

*VEHICLE OWNER _____

*ADDRESS _____

CITY _____ POSTAL CODE _____

HOME PHONE No. _____

BUSINESS PHONE No. _____

*INSURANCE Co. _____

*POLICY No. _____

EXPIRY DATE _____

ATTENDING OFFICER'S BADGE No. _____

***HIGHWAY TRAFFIC ACT REQUIREMENT**

DETAILS OF ACCIDENT

DATE: _____ TIME: _____

LOCATION: _____

DESCRIPTION: _____

PERSONS INJURED: : _____

WITNESS INFORMATION

NAME _____

ADDRESS _____

CITY _____ POSTAL CODE _____

HOME PHONE _____

BUSINESS PHONE _____

YOUR VEHICLE TOWING INFORMATION

COMPANY NAME _____

DRIVER'S NAME _____

TRUCK # _____

ADDRESS TOWED TO _____

BUSINESS PHONE _____