



Automobile Incident Report Form

Keep this pamphlet in your vehicle.



Trailer/Cargo information

Registered vehicle owner		
Unit #		
Year	Make	Model
Plate #		Province
Description of visible damage		
Registered cargo? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of visible damage		
Load spill? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fuel spill? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dangerous goods (provide details)?		
Damaged cargo removed by		
Damaged cargo delivered to		

Other vehicle information

Driver name		Phone #
Address		
Insurance company name		
Policy #		
Year	Make	Model
License plate #		Province
Description of visible damage		
		Drivable? <input type="checkbox"/> Yes <input type="checkbox"/> No

Witnesses (This is important – get as many as possible.)

Name	Phone #
Address	
Licence plate #	Involved in accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone #
Address	
Licence plate #	Involved in accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone #
Address	
Licence plate #	Involved in accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone #
Address	
Licence plate #	Involved in accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone #
Address	
Licence plate #	Involved in accident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Phone #
Address	
Licence plate #	Involved in accident? <input type="checkbox"/> Yes <input type="checkbox"/> No



Injured persons

Name	Phone #
Address	
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	
If driver or passenger, which vehicle/plate #?	
Type of injury or condition	
Medical attention given at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Taken to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Phone #
Address	
<input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian	
If driver or passenger, which vehicle/plate #?	
Type of injury or condition	
Medical attention given at scene? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Taken to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Non vehicular property damage

Owner's full name
Location
Description

If you are involved in an accident, it is important to remember to:

- Stop! Do not leave the scene. If your vehicle is creating a safety hazard, or if you're concerned with your personal safety, pull off the road or move to a safer place. Use warning signals.
- If anyone is injured, see that the person receives proper medical attention and call an ambulance. Do not administer any medical treatment or first aid unless you are qualified to do so.
- Call the police immediately and follow their instructions.
- Call your employer if you are a commercial driver.
- Do not make any statements concerning the accident to anyone except police officials. Do not make any settlements under any circumstances.
- Do not admit fault.
- Do not argue at the scene of the accident. Be courteous.
- Get the name, address, phone number, make of vehicle and license number of the other driver(s) and all passengers.
- Get the names, addresses and phone numbers of all witnesses. This is very important, so get as many as possible.
- Take photos of the accident and vehicles with a cell phone or camera if safe to do so.
- Complete this preliminary accident report in detail while you are at the scene of the accident.

If you have a spill or release of hazmat and other regulated materials and need assistance contact Zurich's Spill Reporting Online System at
1 888 SPILLHELP (1 888 774 5543)

Report your claim to the Zurich Claim Call Center
24 hours a day, 365 days a year.
Toll Free: 1 866 345 3454 Fax: 1 877 977 8077
Email: claims@zurich.com

Zurich

416 586 3000

www.zurichcanada.com

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The above-named claimant may refuse to consent or withdraw their consent to the collection, storage, use or disclosure of personal information; however, the refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits.

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