

## Automobile Incident Report Form

Keep this pamphlet in your vehicle.



#### **Automobile Incident Report Form**

Complete this form before leaving the scene of the accident, then report your claim to the Zurich claim call center toll free by phone at 1 866 345 3454 or by fax at 1 877 977 8077.

#### **Policy number**

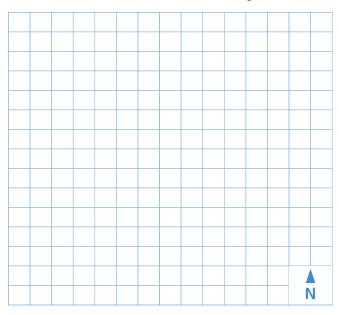
Company	
Policy #	
Completed by	Phone #

#### **Accident details**

Date	Time
Street	
City	Province/State
Condition of road	
Weather	Visibility
Did police take report?	
□ RCMP □ OPP □ Sûreté du Québec □	Other:
Officer name	
Badge #	Phone #
Report #	Station/Division #
Tickets issued? (Yes/No)	If yes, to whom?
Charge	
Describe how accident occurred:	

#### Sketch of incident

(Indicate lanes, direction vehicles were traveling, etc.)



#### **Driver information**

Name	
Phone #	
Address	
Driver licence #	
Class	Province

#### Your vehicle

Registered vehicle owner		Phone #	
Unit #			
Year	Make	Model	
Plate #		Province/State	
Description of visible damage			
Vehicle drivable? ☐ Yes ☐ No			
Vehicle towed by			
Vehicle delivered to			

## **Trailer/Cargo information**

Registered vehic	le owner		
Unit #			
Year	Make	Model	
Plate #	I .	Province	
Description of vi	sible damage		
Registered cargo	o? □Yes □No		
Description of vi	sible damage		
Load spill? ☐ Ye	es 🗆 No	Fuel spill? ☐ Yes ☐ No	
Dangerous good	ds (provide details)?		
Damaged cargo	removed by		
Damaged cargo	delivered to		
Other vehicle	e information		
Driver name		Phone #	
Address		· · · · · · ·	
Insurance compa	any name		
Policy #	, ,		
Year	Make	Model	
License plate #		Province	
Description of visible damage			
,			
		Drivable? ☐ Yes ☐ No	

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

Name	Phone #	
Address		
Licence plate #	Involved in accident? ☐ Yes ☐ No	
Name	Phone #	
Address		
Licence plate #	Involved in accident? ☐ Yes ☐ No	
Name	Phone #	
Address		
Licence plate #	Involved in accident? ☐ Yes ☐ No	
Name	Phone #	
Address		
Licence plate #		
·	Involved in accident? ☐ Yes ☐ No	
Name	Phone #	
Name		
Name Address	Phone #	
Name Address Licence plate #	Phone #  Involved in accident?  Yes  No	



## Injured persons

Name	Phone #		
Address			
☐ Driver ☐ Passenger ☐ Pedestrian			
If driver or passenger, which vehicle/plate #?			
Type of injury or condition			
Medical attention given at scene? $\square$ Yes $\square$	No		
Taken to hospital? ☐ Yes ☐ No			
Name	Phone #		
Address			
☐ Driver ☐ Passenger ☐ Pedestrian			
If driver or passenger, which vehicle/plate #?			
Type of injury or condition			
Medical attention given at scene? ☐ Yes ☐ No			
Taken to hospital? ☐ Yes ☐ 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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