

1. WHAT TO DO IF YOU ARE INVOLVED IN MOTOR VEHICLE ACCIDENT

YOU MUST CALL THE POLICE IF:

1. If anyone has been injured
2. Either vehicle involved has more than \$1,000 damage
3. If one of the drivers has committed a traffic offense

REMEMBER TO:

1. Get full details from all other drivers passengers and witnesses
2. Do not make any statements admitting fault
3. Take photographs of the accident scene and all vehicles involved if possible
4. Provide a copy of this information to the insurance adjuster

DONOVAN INSURANCE BROKERS

- Office Hours 8:30 am - 4:30 pm Monday - Friday 519-886-3150

- After Hours Contact EMERGENCY CLAIMS 519-886-3150 EXT 255

1. Please complete your information:

Name:

Policy Number:

Contact Information:

2. DATE TIME AND LOCATION OF ACCIDENT

1. Please fill in date and time of the accident:

Date: MM / DD / YYYY HH : MM AM/PM

2. Location of accident:

Street(s):

Intersection(s):

Highway(s):

City:

Province or State:

3. Road and Weather Conditions

4. Describe Accident:

3. YOUR DRIVER AND VEHICLE INFORMATION

Please provide your information:

1. Your Driver Information:

Driver's Name:	<input type="text"/>
Home Address:	<input type="text"/>
Home Phone:	<input type="text"/>
Business Phone:	<input type="text"/>
Driver's License:	<input type="text"/>
Province:	<input type="text"/>

2. Your Vehicle Information:

Year:	<input type="text"/>
Make/Model:	<input type="text"/>
License Plate:	<input type="text"/>
Province:	<input type="text"/>
Insurance Company:	<input type="text"/>
Policy No.:	<input type="text"/>
Owner's Name:	<input type="text"/>
Owner's Address:	<input type="text"/>
Home Phone:	<input type="text"/>
Business Phone:	<input type="text"/>
Relationship to Owner:	<input type="text"/>
# Passengers:	<input type="text"/>

4. OTHER DRIVER(S) AND VEHICLE(S) INFORMATION

Ask to see Driver's License, Vehicle Registration & Insurance Pink Slip

1. Other Driver's Information:

Driver's Name:	<input type="text"/>
Home Address:	<input type="text"/>
Home Phone:	<input type="text"/>
Business Phone:	<input type="text"/>
Driver's License:	<input type="text"/>
Province:	<input type="text"/>

2. Other Vehicle Information:

Year:	<input type="text"/>
Make/Model:	<input type="text"/>
License Plate No:	<input type="text"/>
Province:	<input type="text"/>
Insurance Company:	<input type="text"/>
Policy No.:	<input type="text"/>
Owner's Name:	<input type="text"/>
Owner's Address:	<input type="text"/>
Home Phone:	<input type="text"/>
Business Phone:	<input type="text"/>
Relationship to Owner:	<input type="text"/>
# Passengers:	<input type="text"/>

5. ADDITIONAL VEHICLE(S) INVOLVED

Ask to see Driver's License, Vehicle Registration & Insurance Pink Slip

1. Other Driver Information:

Driver's Name:	<input type="text"/>
Home Address:	<input type="text"/>
Home Phone:	<input type="text"/>
Business Phone:	<input type="text"/>
Driver's License:	<input type="text"/>
Province:	<input type="text"/>

2. Other Vehicle Information:

Year:	<input type="text"/>
Make/Model:	<input type="text"/>
License Plate No:	<input type="text"/>
Province:	<input type="text"/>
Insurance Company Name:	<input type="text"/>
Policy No.:	<input type="text"/>
Owner's Name:	<input type="text"/>
Owner's Address:	<input type="text"/>
Home Phone:	<input type="text"/>
Business Phone:	<input type="text"/>
Relationship to Owner:	<input type="text"/>
# Passengers:	<input type="text"/>

6. ALL OTHER PERSONS INVOLVED

1. Person #1

Full Name:

Age:

Sex:

Address:

Injured?:

Home Phone:

Business Phone:

* In Which Vehicle:

2. Was an ambulance required?

Yes

No

3. Person #2

Full Name:

Age:

Sex:

Address:

Injured?:

Home Phone:

Business Phone:

* In Which Vehicle:

4. Was an ambulance required?

Yes

No

5. Person #3

Full Name:

Age:

Sex:

Address:

Injured?:

Home Phone:

Business Phone:

* In Which Vehicle:

6. Was an ambulance required?

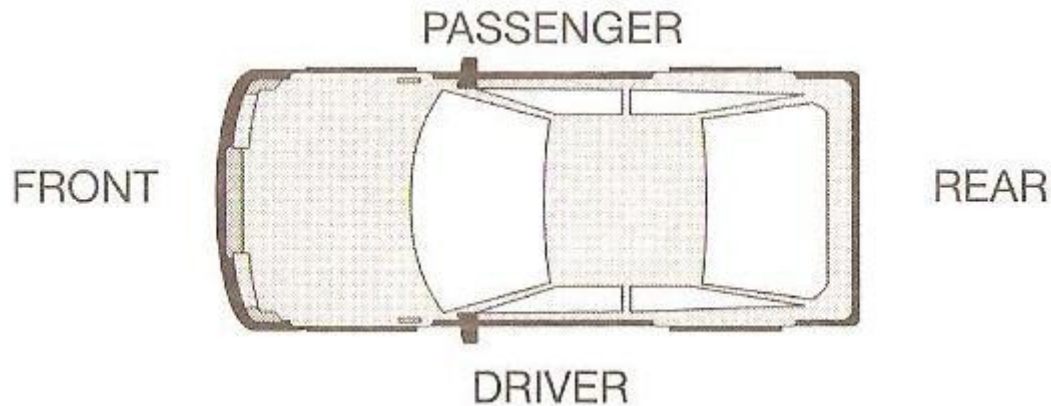
Yes

No

7. DESCRIBE DAMAGE TO YOUR VEHICLE (note any prior damage)

Please describe damage:

1. Describe Damage to Your Vehicle



8. PROPERTY DAMAGE

1. If other than vehicles involved give details of property damaged

Item Damaged:

Damage:

Location or Address:

Owner's Full Name:

2. Describe Any Previous Damage to This Property:

9. POLICE DETAILS

1. Ask for copy of accident report, or the File/Occurance No. they assign.

Occurance No.:

Investigating Officer's Full Name:

Badge No.:

Police Car No.:

Station or Division:

10. ANYONE CHARGED BY POLICE

1. Were You Charged by the Police?

Yes

No

2. Was the Other Driver Charged by Police?

Yes

No

3. Give Details of All Charges.

4. Have you contacted the insurance company?

Yes

No

11. WHAT TO DO WITH THIS INFORMATION

Contact Donovan Insurance Brokers - Office Hours 8:30 am - 4:30 pm Monday - Friday 519-886-3150

After Hours Contact EMERGENCY CLAIMS 519-886-3150 EXT 255

- Forward a copy to Donovan Insurance Brokers

Fax 519-886-9441

Email info@donovaninsurance.com

- Retain copies for your records you may be asked for them by an insurance adjuster and police