

A. ACCIDENT INFORMATION

The Joint Report serves only to identify the parties involved and to speed up claims settlement.

Date of accident _____ Time _____ Location (e.g. address / intersection / city) _____
Brief description of accident and damages: _____ **Witness(es) if any:** name and phone number _____

B. INFORMATION ON THE OTHER VEHICLE

Have the OTHER driver complete this section, then keep it for yourself.

Driver of the vehicle	Owner of the vehicle (or lessor for more than one year)
Driver's licence <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="checkbox"/> Information same as driver. If not, complete:
First name _____ Last name _____	First name _____ Last name _____
Address _____	Address _____
City _____ Postal code _____	City _____ Postal code _____
E-mail _____	E-mail _____
Phone _____	Phone _____
Registration certificate License plate N° _____	Make of the vehicle _____ Year _____
Certificate of insurance Insurance company _____	Policy N° _____

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City _____ Postal code _____	City _____ Postal code _____
E-mail _____	E-mail _____
Phone _____	Phone _____
Registration certificate License plate N° _____	Make of the vehicle _____ Year _____
Certificate of insurance Insurance company _____	Policy N° _____

If someone is injured, even slightly, *first call emergency services.*

HOW TO PROCEED

- 1 One of the drivers must tear off the **bottom section of the Joint Report** and give it to the other driver involved in the accident.
- 2 Each driver must complete **Section A. Accident information** on their form.
- 3 Each driver must give their form to the other driver to complete **Section B. Information on the other vehicle.**
- 4 Then, the drivers must **retrieve their completed forms** so that each driver has the information of the other vehicle involved in the accident.
- 5 The drivers must then **notify their own insurer or broker** and send them their completed forms as soon as possible.

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