## **JOINT REPORT** OF AUTOMOBILE ACCIDENT



A. ACCIDENT INFO	RMATION The Joint R	eport serves only to identify the parties i	nvolved and to speed up claims settlemen	
Date of accident Time Location (e.g. address / intersection / city)  Brief description of accident and damages: Witn			s) if any: name and phone number	
B. INFORMATION (	ON THE OTHER VEHICLE	Have the OTHER driver complet	e this section, then keep it for yourself.	
<b>Driver</b> of the vehicle <b>Driver's licence</b>			Owner of the vehicle (or lessor for more than one year)  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	No	
Date of accident  Brief description of accident	Time Location (e.g. address / inters		s) if any: name and phone number	
B. INFORMATION (	ON THE OTHER VEHICLE	Have the OTHER driver complete	e this section, then keep it for yourself	
<b>Driver</b> of the vehicle <b>Driver's licence</b>	-	Owner of the vehicle (or les		
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°	



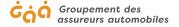
If someone is injured, even slightly, first call emergency services.

## **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.
- 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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