

AUTOMOBILE ACCIDENT REPORT										CLAIM NUMBER		IBC CLAIM FORM NO. 1			
POLICY HOLDER	INSURER					AGENT OR BROKER					POLICY NUMBER				
	NAME OF INSURED					RESIDENCE PHONE									
	HOME ADDRESS					POSTAL CODE		BUSINESS PHONE					BUSINESS ADDRESS		POSTAL CODE
VEHICLE	REGISTERED OWNER					ADDRESS									
	ACTUAL OWNER					ADDRESS									
	MAKE OF VEHICLE		YEAR	MODEL	VIN NO. (17 DIGITS)						LICENCE PLATE NO. & PROVINCE				
	MILEAGE		DESCRIBE DAMAGE					ESTIMATE OF DAMAGE <input type="checkbox"/> Minor <input type="checkbox"/> Medium <input type="checkbox"/> Major							
DRIVER	NAME OF DRIVER			AGE	STATE ANY PHYSICAL DISABILITIES				HOW LONG DRIVING?						
	ADDRESS					BUSINESS ADDRESS									
	RESIDENCE PHONE - (   )					BUSINESS PHONE - (   )									
	DRIVER'S LICENCE NO.			PROV / STATE OF ISSUE			PREVIOUS ACCIDENTS OR CONVICTIONS								
	DATE OF ACCIDENT		TIME	<input type="checkbox"/> DARK <input type="checkbox"/> DAYLIGHT		<input type="checkbox"/> DUSK		LOCATION OF ACCIDENT							
	PURPOSE VEHICLE USED FOR AT TIME OF ACCIDENT					WEATHER CONDITIONS			ROAD CONDITIONS						
	YOUR SPEED		DIRECTION			OTHER'S SPEED			DIRECTION						
	POLICE INVESTIGATION BY:			REPORTED AT COLLISION CENTRE LOCATION:			CHARGES								
				NAME OF INVESTIGATOR:											
	HAD YOU TAKEN ANY ALCOHOLIC BEVERAGES OR DRUGS PRIOR TO THE ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO					WHO WAS RESPONSIBLE FOR THE ACCIDENT - REASON									
DAMAGE TO PROPERTY OF OTHERS	NAME					PHONE					NAME		PHONE		
	ADDRESS					ADDRESS									
	YEAR AND MAKE OF VEHICLE					LICENCE NO.		YEAR AND MAKE OF VEHICLE					LICENCE NO.		
	NAME OF INSURER					POLICY NO.		NAME OF INSURER					POLICY NO.		
	DESCRIPTION OF DAMAGE					DESCRIPTION OF DAMAGE									
	WHERE CAN VEHICLE BE INSPECTED					WHERE CAN VEHICLE BE INSPECTED									
	NAME OF DRIVER					PHONE		NAME OF DRIVER					PHONE		
	ADDRESS					ADDRESS									
	DRIVER'S LICENCE NO.					PROV/STATE OF ISSUE			DRIVER'S LICENCE NO.					PROV/STATE OF ISSUE	




PERSONS INJURED	NAME	DATE OF BIRTH	ADDRESS	PHONE	NATURE OF INJURIES	HOSPITAL
		M   Y   D				


**DETAILS OF ACCIDENT**

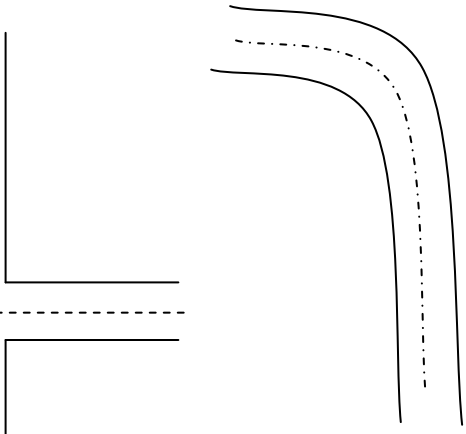
WITNESSES	NAME	NAME	NAME
	ADDRESS	ADDRESS	ADDRESS
	PHONE	PHONE	PHONE
	IN WHICH CAR? <input type="checkbox"/> YOUR CAR <input type="checkbox"/> OTHER CAR#1 <input type="checkbox"/> OTHER CAR#2 <input type="checkbox"/> OTHER		

**DESCRIPTION OF ACCIDENT**  
 (Please attach rough sketch of accident scene)  
 (Illustrate position of cars at time of collision. Show skid marks.)  
 (If any street is more than two-lane or is one way only, please indicate.)

SHOW CARS THUS

YOU	OTHER
	
	

  
 INDICATE DIRECTIONS



SHOW STOP OR SLOW SIGNS

LABEL EACH STREET

**COMMENTS:**

DATE:

SIGNATURE OF DRIVER:

TO BE COMPLETED BY POLICYHOLDER	WHO IS PRINCIPAL DRIVER OF YOUR VEHICLE?	WHAT IS DRIVER'S RELATIONSHIP TO YOU?
	WAS VEHICLE BEING USED WITH YOUR CONSENT?	LIEN OR MORTGAGE ON VEHICLE TO:
	DATE: _____ SIGNATURE OF POLICYHOLDER: _____	