

Accident Report

7-195A

Automobile Policy			
JURISDICTION INFORMATION			
Insured:		Certificate No.:	
Contact Person:		Phone No.:	
Date of Loss:		Time:	
INSURED PROPERTY			
Year:	Make:	Model:	
Serial No.:		Plate No. & Province:	
Driver:		Date of Birth:	
License No.:		No. of Yrs. Driving:	
Previous Accidents/Convictions:			
Address:			Phone No.:
State any Physical Disabilities:			
Owner:			Phone No.:
Loss Payable/Lessor:			
THIRD PARTY PROPERTY			
Year:	Make	Plate No.:	
Driver:		Phone No.:	
License No. & Province of Issue:			
Owner:			Phone No.:
Description of Damage:			
Name of Insurer:			Policy No.:
DETAILS OF ACCIDENT			
Location of Accident:			
RCMP/Police Detachment:			File No.:
Injured Person:			Age:
Address:			Phone No.:
Nature of Injuries:			Hospital:
Witness:			Phone No.:
Address:			
In Which Car: (check)	Yours _____	Third Party's _____	Other Vehicle _____

DETAILS OF ACCIDENT




Description of Accident:

Signature of Driver: _____ Date: _____

(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)

Office Use Only

Item No.:	MTB No.:	Value:	
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<p align="center">Show cars thus</p> <p>You Other</p> <div style="display: flex; justify-content: space-around; align-items: center;">   </div>	<p align="center">Indicate Directions</p> <div style="text-align: center;">  </div>	
<p align="center">Show Stop or Slow Signs</p>	<p align="center">Label Each Street</p>	