

GENERAL INFORMATION

YOUR INFORMATION

Name: _____

Address: _____

Tel. #: _____

License #: _____

Policy #: _____

EMERGENCY CONTACT

Name: _____

Tel. #: _____

AFTER THE ACCIDENT

YOUR CHECKLIST

1. Remain calm.
2. Turn on four-way flashers, and set out flares or reflectors.
3. Secure your vehicle.
4. Check for injuries and apply first aid.
5. Call police and emergency response services.
6. Call your employer (if applicable).
7. Complete this report.
8. If possible, take pictures of the scene.
9. **DO NOT ADMIT LIABILITY/FAULT.**
10. Notify your insurance company or broker.

PRECAUTIONS

YOUR CHECKLIST

Traffic

Take suitable precautions to divert and reroute any traffic, especially if there are injured or trapped persons involved.

Explosion/fire

- Check for immediate danger (e.g., fuel spill).
- Prevent smoking on the scene.
- Turn off ignition keys.

Hassle-Free Claims® service

Reporting a claim?

We are here to help you 24 hours a day, seven days a week.

Call us any time at 1 800 319 9993.

We will work with you and your insurance broker to keep your life moving with as little distress as possible after an accident.

RSA Insurance is one of the world's leading insurance groups, writing business in 130 countries.

If your home, car or business is affected by an accident or disaster, you want your life back to normal quickly. That's where the people from RSA step in. Through our insurance products, we've been helping Canadians move on with their lives since 1845. Our insurance products are distributed through a large network of brokers across Canada.

To learn more about RSA Insurance, call us at 1 888 877 1710, or visit our website at rsagroup.ca.

KEEPING DRIVERS SAFE

Your employer is committed to driver safety, which is why they've taken advantage of the free tools and templates in RSA's Driver Safety Management Package. For more information, please contact your fleet manager.

rsacommercialauto.ca

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RSA INSURANCE 



When an accident happens

Keep this form in your vehicle and use it to record details of the accident, the other vehicle, any damage that occurred and contact information.

THE OTHER VEHICLE

VEHICLE DETAILS

Vehicle license #: _____

Make: _____ Year: _____

Colour: _____

Driver's license #: _____

Number of passengers: _____

EMERGENCY CONTACT

VEHICLE OWNER

Name: _____

Address: _____

Tel. # (business): _____

Tel. # (other): _____

VEHICLE DRIVER (if different from above)

Name: _____

Address: _____

Tel. # (business): _____

Tel. # (other): _____

INSURANCE

Insurance company: _____

Policy #: _____

GENERAL NOTES

ACCIDENT DETAILS

Date: _____

Time: _____

Speed of your vehicle: _____

Speed of other vehicle: _____

Location: _____

Weather conditions: _____

Visibility: _____

Road conditions: _____

Traffic conditions: _____

What happened: _____

DAMAGE

Your vehicle: _____

The other vehicle: _____

CONTACTS

INJURED PERSON WITNESS

Name: _____

Address: _____

Tel. #: _____

INJURED PERSON WITNESS

Name: _____

Address: _____

Tel. #: _____

INJURED PERSON WITNESS

Name: _____

Address: _____

Tel. #: _____

THE ACCIDENT

DIAGRAM

Indicate street names and include the direction of travel of all vehicles concerned. Include traffic controls (lights, signs).

