

## GENERAL INFORMATION

### DRIVER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

Lic. #: \_\_\_\_\_

Policy #: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

## AFTER THE ACCIDENT

### YOUR CHECKLIST

1. Remain calm.
2. Turn on 4 way flashers, 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 Precautions.

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

#### Explosion/Fire

- Check for immediate danger; i.e. 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, 7 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.

**Royal & Sun Alliance Insurance Company of Canada (RSA) is part of 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. 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: [www.rsagroup.ca](http://www.rsagroup.ca)

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# WHEN AN ACCIDENT HAPPENS



# THE OTHER VEHICLE

## VEHICLE DETAILS

Vehicle lic. #: \_\_\_\_\_

Make: \_\_\_\_\_ Year: \_\_\_\_\_

Colour: \_\_\_\_\_

Driver's lic. #: \_\_\_\_\_

Number of Passengers: \_\_\_\_\_

## CONTACT

### VEHICLE OWNER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Res. Phone: \_\_\_\_\_

### VEHICLE DRIVER (if different from above)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Res. Phone: \_\_\_\_\_

## INSURANCE

Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## 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. No.: \_\_\_\_\_

INJURED PERSON

WITNESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

INJURED PERSON

WITNESS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

# THE ACCIDENT

## DIAGRAM

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

