

**AUTOMOBILE ACCIDENT REPORT** | CLAIM NUMBER

**IBC CLAIM FORM NO. 1**

<b>POLICY HOLDER</b>	INSURER		AGENT OR BROKER		POLICY NUMBER	
	NAME OF INSURED		RESIDENCE PHONE			
	HOME ADDRESS		POSTAL CODE		BUSINESS PHONE	
<b>VEHICLE</b>	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		
<b>DRIVER</b>	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 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		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	
<b>DAMAGE TO PROPERTY OF OTHERS</b>	NAME		PHONE		NAME	
	PHONE				PHONE	
	ADDRESS			ADDRESS		
	YEAR AND MAKE OF VEHICLE		LICENCE NO.		YEAR AND MAKE OF VEHICLE	
	LICENCE NO.				LICENCE NO.	
	NAME OF INSURER		POLICY NO.		NAME OF INSURER	
	POLICY NO.				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				PHONE		
ADDRESS			ADDRESS			
DRIVER'S LICENCE NO.		PROV/STATE OF ISSUE		DRIVER'S LICENCE NO.		
PROV/STATE OF ISSUE				PROV/STATE OF ISSUE		

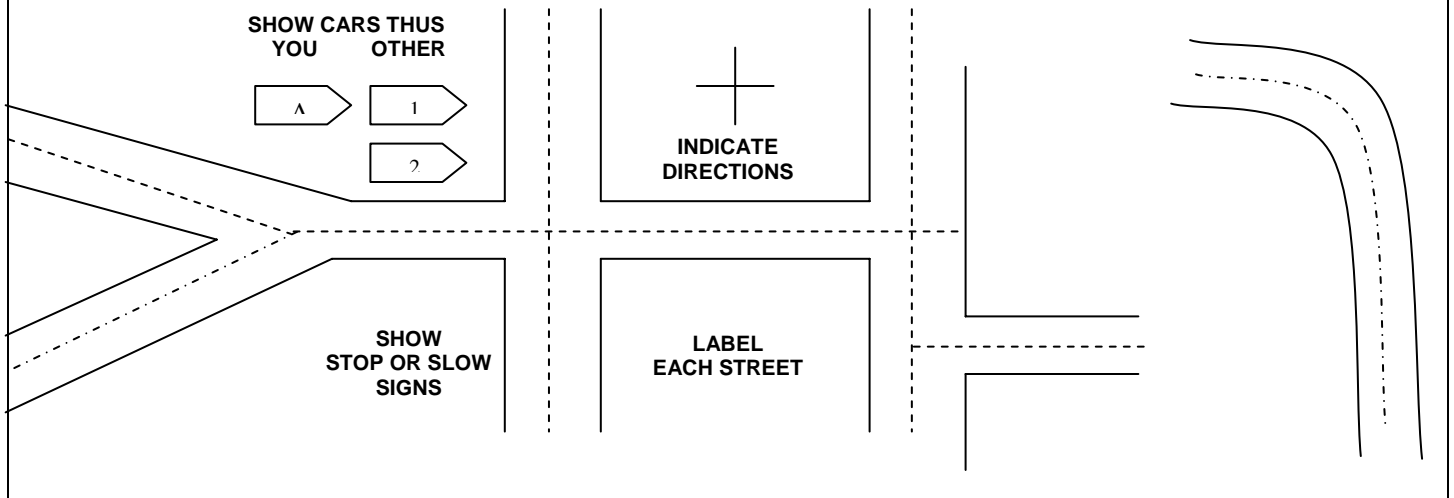
PERSONS INJURED	NAME	DATE OF BIRTH	ADDRESS	PHONE	NATURE OF INJURIES	HOSPITAL
		M   Y   D				

**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	IN WHICH CAR? <input type="checkbox"/> YOUR CAR <input type="checkbox"/> OTHER CAR#1 <input type="checkbox"/> OTHER CAR#2 <input type="checkbox"/> OTHER	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.)



**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: