

Please complete all applicable fields. Please ensure they are legible.

Claim Information

Driver's Full Name:		Driver's Licence Number:		Claim Number:	
City/Town (nearest to):			Accident Date:		Time of Loss: A.M. P.M.
Did police attend the scene? Yes No			Did an ambulance attend the scene? Yes No		
Police report number:					
Did you consume any drugs or alcohol in the 12 hours before the accident? Yes No					
If yes, what did you consume and how much did you consume?					

Collision Details

Scene Photos

Dash Cam Footage

(Email to adj with claim #)

Your Vehicle	Other Vehicle
Street/road you were traveling on:	Street/road the other vehicle was traveling on:
What lane were you traveling in? Left Right Center Other	What lane was the other vehicle traveling in? Left Right Center Other
Did you make a lane change prior to the impact? Yes No	Did the other vehicle make a lane change prior to the impact? Yes No
If yes, did you use a signal? Yes No	Did the other vehicle use a signal? Yes No Unknown Not Applicable
In what direction was your vehicle traveling? North South East West Unknown	In what direction was the other vehicle traveling? North South East West Unknown
Were there any traffic control devices for your vehicle's direction of travel? Traffic Light Stop Sign Unknown Yield None Other Roundabout	Were there any traffic control devices for the other vehicle's direction of travel? Traffic Light Stop Sign Unknown Yield None Other Roundabout
If you selected traffic light, indicate the type and colour: Solid Green Flashing Amber Arrow Red Unknown	If you selected traffic light, indicate the type and colour: Solid Green Flashing Amber Arrow Red Unknown
At the time of the collision, what was the motion of your vehicle? Accelerating Stopped Turning Reversing Parked Braking	At the time of the collision, what was the motion of the other vehicle? Accelerating Stopped Turning Reversing Parked Braking
If the collision occurred in an intersection, which vehicle entered the intersection first?	
Did either vehicle collide with any other vehicles or objects? If yes, indicate which vehicle and describe what was impacted:	

Third Party Information

Photos of Licence/Insurance/Registration (Email to adj with claim #)

Did the other driver remain at the scene and exchange information? Yes No

If no, please explain:

Third Party Licence Plate:

Third Party Vehicle Description:

Third Party Name:

Third Party Driver's Licence Number:

Third Party 2 Information (only complete if applicable - more than two vehicles involved)

Third Party 2 Licence Plate:

Third Party 2 Vehicle Description:

Third Party 2 Name:

Third Party 2 Driver's Licence Number:

Independent Witness Information (if applicable)

Name:

Contact Information:

Damage Information

Identify your vehicle damage.

Driver Side



Passenger Side

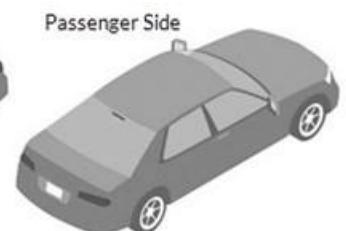


Identify the other vehicle's damage.

Driver Side



Passenger Side



Loss Details Information

Use the space below to describe the collision in detail in your own words. If more space is required, please add your own page(s). If writing, please ensure it is legible.

Responsibility

Who do you think is at fault and why?

Accident Diagram

Draw a diagram below showing the position of all vehicles and their direction of travel. Label streets and any objects. An area for a legend has been provided.

Scan your diagram and save the image. To upload a file, click the image box below.



LEGEND



Your
Vehicle



Other
Vehicle



Stop Sign



Traffic
Light



Pedestrian

I HAVE READ THIS REPORT AND THE FACTS AS STATED ARE CORRECT TO THE BEST OF MY KNOWLEDGE.

DRIVER'S SIGNATURE

DATE

CO-SIGNATURE (DRIVER UNDER 18 YEARS OF AGE)

DATE

If you are submitting the Driver's Report via email, an electronic signature will be accepted.
Please save the form as a PDF and send as an attachment to your adjuster.

DRIVER'S REPORT CHECKLIST

Review the Driver's Report and ensure that all the below information is included. If the section is not relevant to the loss, check "N/A" for not applicable.

Complete	N/A	Form Section
Page 1		
<input type="checkbox"/>	<input type="checkbox"/>	Claim Information: <i>Fill out in full</i>
<input type="checkbox"/>	<input type="checkbox"/>	Collision Details: <i>Fill out as accurately as possible, if you are unsure about an area indicate unknown. Include any photos/video if available.</i>
Page 2		
<input type="checkbox"/>	<input type="checkbox"/>	Third Party Information: <i>Other vehicle's information. Include all information, if unknown and be specific. Include any photos if available.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Independent Witness Information: <i>Add any witness information, including contact numbers, emails, etc., if available. If there are multiple witnesses, include all of their information.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Damage Information: <i>Indicate the location of the damage on your vehicle and the other party's vehicle.</i>
Page 3		
<input type="checkbox"/>	<input type="checkbox"/>	Loss Details Information: <i>Provide a description of the accident in as much detail as possible.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Responsibility: <i>Provide a description of who you think is responsible for the accident and why in as much detail as possible.</i>
Page 4		
<input type="checkbox"/>	<input type="checkbox"/>	Accident Diagram: <i>Provide a diagram of the accident including the intersection, any lights, etc.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Signature and Date: <i>Review the report in full, then sign and date the report.</i>