

Notes

Police Investigation

Name _____
Badge No. _____ Division _____
Witnesses:
Name _____
Address _____
Phone _____

Details of Accident

Date _____ Time _____
Location _____
Description _____

Persons Injured _____

Details of Other Party & Vehicle

Owner's Name _____
Address _____
Phone Res: _____ Bus: _____
Driver's Name _____
Driver's License # _____
Address, Phone _____
Vehicle
Year _____ Make _____ Lic. # _____
Ins. Co. _____
Policy # _____ Agent/Broker _____

ACCIDENT REPORT FORM

Keep this form with your liability certificate in your car.

IN CASE OF ACCIDENT:

Call Police & Ambulance, if necessary.
Do not admit liability.
Complete this form and report to our office at first opportunity.



McILROY & PAYNE
INSURANCE BROKERS
44 MAIN ST. E.
HUNTSVILLE, ONTARIO P1H 2C7
PHONE: 789-5535 FAX: 789-4241

Complete and Give to Other Driver

Owner's Name _____
Address _____
Phone Res: _____ Bus: _____
Driver's Name _____
Driver's License # _____
Address, Phone _____
Vehicle
Year _____ Make _____ Lic. # _____
Ins. Co. _____
Policy # _____ Agent/Broker _____