



## Automobile Claims

### What to do if you have an accident

1. Remain at the scene if possible and get medical attention for those who need it.
2. Report your accident to the police if any one is injured or damages necessitate.
3. Complete this form providing as much information as you can.
4. If your claim is an emergency and after business hours, call your company's after hours emergency hotline number listed below.

Be sure to report the claim to our office, so we have a record and are better ready to assist you at a later date

AVIVA 1-888-887-4568  
AVIVA ELITE 1-888-887-4568  
AVIVA PILOT 1-888-887-4568  
AXA 1-800-268-0008  
ECHELON 1-877-268-5976  
ECONOMICAL 1-888-224-5677  
GORE 1-800-265-8600  
GUARANTEE 1-800-265-4262  
GRAIN 1-800-668-6100  
INTACT 1-866-464-2424  
JEVCO 1-877-284-8167  
KINGSWAY 1-866-864-1112  
MARKEL 1-888-627-5351  
PAFCO 1-800-387-0462  
PERTH 1-888-224-5677  
PREMIER 1-866-462-3650  
ROYAL FACILITY 1-800-319-9993  
SOUTHWESTERN 1-866-794-5463  
WATERLOO 1-888-224-5677

5. Identify and record the information for all the other drivers involved in the accident.
6. If your car is not drivable, arrange for a towing service.
7. If you don't know where to have the vehicle towed, the police may have the car taken to a compound for secure storage while you contact your broker.

## Diagram of Accident

### Describe the Accident.

- In the space below, please illustrate a diagram of your accident.
- Include names of streets , direction in which vehicles were going and clearly indicate N/S/E/W.
- Illustrate position of cars at time of collision. Show skid marks.
- If any street is more than two-lanes or is one way only, please indicate.

### Your Policy Information

Your name \_\_\_\_\_

Tel:(bus) \_\_\_\_\_ (home) \_\_\_\_\_

Accident Date & Time \_\_\_\_\_

Location of Accident \_\_\_\_\_

Driver's Name \_\_\_\_\_

Drivers License **(if not listed on the policy)**

Tel:(bus) \_\_\_\_\_ (home) \_\_\_\_\_

Address \_\_\_\_\_

Vehicle Description \_\_\_\_\_

## Other Party Information

- Obtain names and license numbers
- Complete this report at the scene of the accident if possible

License Plate # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel:(bus) \_\_\_\_\_ (home) \_\_\_\_\_

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

Policy No. \_\_\_\_\_

Divers License \_\_\_\_\_

Vehicle Description \_\_\_\_\_

### Other Vehicle Information

License Plate # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel:(bus) \_\_\_\_\_ (home) \_\_\_\_\_

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

Policy No. \_\_\_\_\_

Divers License \_\_\_\_\_

Vehicle Description \_\_\_\_\_

### Witnesses (Name, Address, Tel. No)

Witness 1 \_\_\_\_\_

Witness 2 \_\_\_\_\_

### Police Force Investigated Occurrence#

Officers Name & # \_\_\_\_\_