

### JOINT REPORT OF AUTOMOBILE ACCIDENT

# What to do in the case of an accident

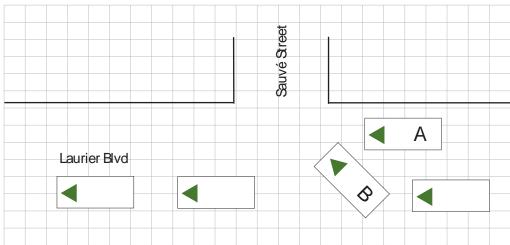
There are two possible solutions:

- If there are injuries, even minor ones, you must first call emergency services and ask a peace officer to fill out an accident report.
- If there is only property damage, fill out one report per accident.

# How to fill out a joint report

- Use only one report when two vehicles involved in the accident or two reports if three vehicles are 1 involved, etc. Who provides the report and who fills it out is not important.
- 2 Carefully copy the information found on the driver's license, registration and insurance certificate for each party involved.
- If there are witnesses, enter their name and address under section 5 of the report. This is particularly 3 important in case there is a lack of cooperation on the part of the other driver involved.
- Both parties must sign the report. Every driver must have a joint report duly completed. Should the other 4 driver refuse to fill out a report or refuse to sign it once it has been completed, you should still fill yours out.
- 5 Don't forget to draw a sketch of the accident and describe any visible damage.
- 6 Fax us your report at 418-907-1007 or email it to: claims@ssgauto.com.

## **EXAMPLE OF A SKETCH OF AN ACCIDENT**



#### **Joint Report of Automobile Accident**

Completing this Joint Report **cannot in any way be construed as an admission of liability**. Its purpose is strictly to help identify the parties involved in an accident in order to speed up the claim settlement. It should be signed by both drivers in any accident taking place in Quebec. If there are injuries, even minor ones, call emergency services at once.

1.Date of accident Time	3. Property damage other than to vehicles A and B
2. Place	
Valsiala A	Vahiala D
Vehicle A	Vehicle B
Driver's license	Driver's license File No.
Expiry Date	Expiry Date
Family Name First Name	Family Name First Name
Address City	Address
Postal code Tel. Home Tel. Office	Postal code Tel. Home Tel. Office
Vehicle Registration File No.	Vehicle Registration File No.
Owner (if driver is not the owner)	Owner (if driver is not the owner)
Address City	Address
Postal code Tel. Home Tel. Office	Postal code Tel. Home Tel. Office
Make of vehicle Year	Make of vehicle Year
Serial Number	Serial Number
Licence Plate Expiry Date	Licence Plate Expiry Date
Insurance Certificate	Insurance Certificate
Insurance Company	Insurance Company
Policy No. Expiry Date	Policy No. Expiry Date
Family Name of Insured First Name	Family Name of Insured First Name
Address City	Address
Make of insured vehicle Year	Make of insured vehicle Year
Agent Tel.	A gent Tel.
to vehicle A   Initial point of	Sketch of accident ; show and identify direction of vehicles A and B position at impact; traffic signals.  Motorcycle  Car  Truck and other