sovereign®
INSURANCE

Automobile Accident

REPORTING KIT

Use this kit as a tool to aid you in making a claim in the event of a motor vehicle accident.

Accidents happen quickly and without notice.

Therefore, we have listed some important tips to remember if you are faced with a motor vehicle incident:

- It is important to remain calm, don't argue with the other driver and be courteous.
- **Always call the police if:**
  - Someone is hurt
  - You think the other driver may be guilty of a Criminal Code offence, such as drunk driving; and/or
  - There is significant property damage or the vehicle is not driveable.
- If you have a cell phone camera, take pictures of the scene.
- If it is safe, try to move your vehicle to the side of the road, out of traffic.
- If you can't drive your vehicle, turn on your hazard lights or use cones, warning triangles or flares.
- **Regardless of the circumstances of the accident, never admit fault. Do not sign anything or make any statements except to the police, your company or your insurance company.**
- Fill in all the information within this kit while on the scene of the accident.
- Ensure you have all facts documented before leaving the scene.
- Report the accident to your employer as soon as possible if you are an employee.
- **Call your insurance broker.**
- Use this kit to help you recall information required when you make a claim by taking the time to accurately record the information in this booklet. Promptly report the claim to Sovereign Insurance.

Important Information

Your Personal Information

Your name: _____

Address: _____

Licence number: _____

Phone: _____

Company name (if company vehicle)**:** _____

Company address (if company vehicle)**:** _____

Vehicle year: _____

Vehicle make: _____

Vehicle model: _____

Serial number: _____

Licence plate: _____

Province registered: _____

Insurance company: _____

Policy number: _____

Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Important Information

Involved Vehicle #1

Driver name: _____
Licence number: _____
Address: _____
Phone (business)**:** _____
Phone (home)**:** _____
Driver injured: **Yes** ☐ **No** ☐
Briefly describe driver injuries: _____
_____
_____

Vehicle year: _____
Vehicle make: _____
Vehicle model: _____
Serial number: _____
Licence plate: _____
Province registered: _____

Insurance company: _____
Policy number: _____

Vehicle owner's name (if different than driver)**:** _____
Vehicle owner's address (if different than driver)**:** _____
Vehicle owner's phone (if different than driver)**:** _____

Insurance company: _____
Insurance broker: _____
Policy number: _____
Expiry date: _____

Trailer/cargo (if applicable)**:** _____
Trailer registered owner: _____
Year: _____
Make: _____
Model: _____
Cargo description: _____

Important Information

Involved Vehicle #2

Driver name: _____
Licence number: _____
Address: _____
Phone (business)**:** _____
Phone (home)**:** _____
Driver injured: **Yes** ☐ **No** ☐
Briefly describe driver injuries: _____
_____
_____

Vehicle year: _____
Vehicle make: _____
Vehicle model: _____
Serial number: _____
Licence plate: _____
Province registered: _____

Insurance company: _____
Policy number: _____

Vehicle owner's name (if different than driver)**:** _____
Vehicle owner's address (if different than driver)**:** _____
Vehicle owner's phone (if different than driver)**:** _____

Insurance company: _____
Insurance broker: _____
Policy number: _____
Expiry date: _____

Trailer/cargo (if applicable)**:** _____
Trailer registered owner: _____
Year: _____
Make: _____
Model: _____
Cargo description: _____

Passenger Information

Passenger #1

Name: _____

Address: _____

Phone: _____

Which vehicle was this passenger in:

☐ Mine ☐ #1 ☐ #2

Position in vehicle:

☐ Front passenger ☐ Passenger side rear

☐ Driver side rear ☐ Middle rear

Passenger injured:

☐ Yes ☐ No

Briefly describe injuries: _____

_____

_____

Passenger #2

Name: _____

Address: _____

Phone: _____

Which vehicle was this passenger in:

☐ Mine ☐ #1 ☐ #2

Position in vehicle:

☐ Front passenger ☐ Passenger side rear

☐ Driver side rear ☐ Middle rear

Passenger injured:

☐ Yes ☐ No

Briefly describe injuries: _____

_____

_____

Passenger Information

Passenger #3

Name: _____

Address: _____

Phone: _____

Which vehicle was this passenger in:

☐ Mine ☐ #1 ☐ #2

Position in vehicle:

☐ Front passenger ☐ Passenger side rear

☐ Driver side rear ☐ Middle rear

Passenger injured:

☐ Yes ☐ No

Briefly describe injuries: _____

_____

_____

Passenger #4

Name: _____

Address: _____

Phone: _____

Which vehicle was this passenger in:

☐ Mine ☐ #1 ☐ #2

Position in vehicle:

☐ Front passenger ☐ Passenger side rear

☐ Driver side rear ☐ Middle rear

Passenger injured:

☐ Yes ☐ No

Briefly describe injuries: _____

_____

_____

The Accident

Accident Details

Accident date: _____

Accident time: _____

Accident location: _____

Vehicle speed at time of accident: _____

Type of accident:

☐ Rear end	☐ Rear ended	☐ Passing	☐ Right turn
☐ Left turn	☐ Head on	☐ Right angle	☐ Side sweep
☐ Fixed object	☐ Other _____		

Briefly describe vehicle/cargo damages to your vehicle or others: _____

_____

_____

_____

_____

Pre-accident vehicle action (vehicle 1)**:**

☐ Going straight ahead	☐ Making left turn	☐ Making right turn
☐ Starting from parked	☐ Starting in traffic	☐ Making u-turn
☐ Slowing or stopping	☐ Stopped in traffic	☐ Parked
☐ Backing up	☐ Passing	☐ Changing lanes
☐ Avoiding an object	☐ Merging	☐ Other

Pre-accident vehicle action (vehicle 2)**:**

☐ Going straight ahead	☐ Making left turn	☐ Making right turn
☐ Starting from parked	☐ Starting in traffic	☐ Making u-turn
☐ Slowing or stopping	☐ Stopped in traffic	☐ Parked
☐ Backing up	☐ Passing	☐ Changing lanes
☐ Avoiding an object	☐ Merging	☐ Other

The Accident

Accident Details

Pre-accident vehicle action (vehicle 3)**:**

- ☐ Going straight ahead
- ☐ Making left turn
- ☐ Making right turn
- ☐ Starting from parked
- ☐ Starting in traffic
- ☐ Making u-turn
- ☐ Slowing or stopping
- ☐ Stopped in traffic
- ☐ Parked
- ☐ Backing up
- ☐ Passing
- ☐ Changing lanes
- ☐ Avoiding an object
- ☐ Merging
- ☐ Other

Road & weather conditions:

- ☐ Clear
- ☐ Cloudy
- ☐ Rain
- ☐ Snow
- ☐ Hail/sleet
- ☐ Fog/smoke
- ☐ Other_____

Light conditions:

- ☐ Daylight
- ☐ Darkness
- ☐ Dusk/dawn

Road surface:

- ☐ Dry
- ☐ Wet
- ☐ Icy
- ☐ Snow/slush
- ☐ Muddy
- ☐ Other _____

Traffic conditions:

- ☐ Light
- ☐ Moderate
- ☐ Heavy

Traffic controls present:

- ☐ Four-way traffic lights
- ☐ Four-way stop
- ☐ Stop signs at north/south sides
- ☐ Stop signs at east/west sides
- ☐ Traffic lights at north/south sides
- ☐ Yield sign
- ☐ Traffic lights at east/west sides
- ☐ No traffic controls
- ☐ Work zone
- ☐ Other _____

The Accident

Accident Details

Roadway character:

☐ **Straight/level**	☐ **Straight/grade**	☐ **Straight/hillcrest**
☐ **Curve/level**	☐ **Curve/grade**	☐ **Curve/hillcrest**
☐ **Other** _____		

What happened? In your own words, describe what happened. List other details**:**

The Accident

Use this space to draw what happened

Draw the accident scene by sketching the street, intersection, signs & position of each vehicle at the time of the collision. In your sketch, use the following symbols to indicate:

Your Vehicle A → **Other Vehicles** V1 → V2 →

Witness Statements

Witness #1

Name: _____

Address: _____

Phone: _____

What was your location when the accident took place? _____

_____

_____

Did you witness the accident?

☐ **Yes** ☐ **No**

Were you a passenger involved in the accident?

☐ **Yes** ☐ **No**

Were you a pedestrian involved in the accident?

☐ **Yes** ☐ **No**

Other details you'd like to note: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Witness Statements

Witness #2

Name: _____

Address: _____

Phone: _____

What was your location when the accident took place? _____

_____

_____

Did you witness the accident?

☐ **Yes** ☐ **No**

Were you a passenger involved in the accident?

☐ **Yes** ☐ **No**

Were you a pedestrian involved in the accident?

☐ **Yes** ☐ **No**

Other details you'd like to note: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Police Information

Was this incident reported to the police?

☐ **Yes** ☐ **No**

Report number: _____

Officer #1 name: _____

Badge number: _____

Officer #2 name: _____

Badge #: _____

Station/division: _____

Other details. Note any other accident details.**:** _____

Submit A Claim.

We encourage you to contact your broker, so they can help you report your claim and protect your business from further loss. To submit your claim online, please visit sovereigninsurance.com/claims.

*If your claim is urgent and after hours, please call 1-833-376-8436.

sovereign®
INSURANCE

Visit www.sovereigninsurance.ca
or contact your broker to learn more.