

Eady Insurance and Financial Services Inc.
 29 Raglan Street, South
 Renfrew, Ontario
 613-432-8543 1-888-275-3239
 www.eadyinsurance.com email: eadyinsurance@bellnet.ca

AUTOMOBILE ACCIDENT REPORT

POLICY HOLDER AND VEHICLE							
NAME OF INSURED				RESIDENCE PHONE BUSINESS PHONE		POLICY NUMBER	
MAKE OF VEHICLE	YEAR	MODEL	SERIAL NO.		LICENCE PLATE NO. & PROVINCE		
DESCRIBE DAMAGE							
DRIVER							
NAME OF DRIVER				RESIDENCE PHONE		BUSINESS PHONE	
DRIVER'S LICENCE NO.	DATE OF ACCIDENT	TIME	A.M. P.M.	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK	LOCATION OF ACCIDENT		
WEATHER CONDITIONS				ROAD CONDITIONS			
DAMAGE TO PROPERTY OF OTHERS							
NAME		PHONE		NAME		PHONE	
ADDRESS				ADDRESS			
YEAR AND MAKE OF VEHICLE		LICENCE NO.		YEAR AND MAKE OF VEHICLE		LICENCE NO.	
NAME OF INSURER		POLICY NO.		NAME OF INSURER		POLICY NO.	
DESCRIPTION OF DAMAGE				DESCRIPTION OF DAMAGE			
NAME OF DRIVER		PHONE		NAME OF DRIVER		PHONE	
ADDRESS				ADDRESS			
DRIVER'S LICENCE NO.		PROVINCE OF ISSUE		DRIVER'S LICENCE NO.		PROVINCE OF ISSUE	

AUTOMOBILE CLAIM KIT

Eady Insurance and Financial Services Inc. 29 Raglan St. S. Renfrew ON. K7V 1P8

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	NAME	ADDRESS	PHONE	AGE	NATURE OF INJURIES	HOSPITAL
PERSONS INJURED						

DETAILS OF ACCIDENT

	NAME:	NAME:	NAME:
WITNESSES	ADDRESS:	ADDRESS:	ADDRESS:
	PHONE:	PHONE:	PHONE:
	DRIVERS LICENCE #:	DRIVERS LICENCE #:	DRIVERS LICENCE #:
	INSURANCE COMPANY:	INSURANCE COMPANY:	INSURANCE COMPANY:
	POLICY NUMBER:	POLICY NUMBER:	POLICY NUMBER:
	Make & Year of Vehicle:	Make & Year of Vehicle:	Make & Year of Vehicle:
	NATURE OF DAMAGE:	NATURE OF DAMAGE:	NATURE OF DAMAGE:

ACCIDENT DESCRIPTION

Please illustrate the exact position of all vehicles at the time of the collision.
If the street is a two-lane street please indicate this along with any skid marks.

Please show you car

other cars

Name all streets and indicate direction.

Please indicate all street signs.

Please describe the accident in full detail:

DATE: