

JOINT REPORT OF AUTOMOBILE ACCIDENT



➤ WHAT TO DO in case of an accident?

If someone sustains bodily injury, even slightly:

First call for emergency assistance, then request that a peace officer fill out an accident report.

If damages only:

Carefully complete a single Joint Report with the other driver.

➤ HOW TO COMPLETE the Joint Report

1. Use only one Joint Report for 2 vehicles involved (2 Joint Reports for 3 vehicles, etc.). The form can be supplied or completed by either party. Use a ball-point pen if possible and press firmly to ensure that the copy is also legible.
2. Carefully copy the information from the driver's licence, the vehicle registration and the insurance certificate.
3. If there are witnesses, list names and addresses at Point 5 of the Joint Report. This is especially important if there are any problems with the other driver.

4. Sign and have the other driver sign the Joint Report. Each driver retains a copy.

If the other driver refuses to complete a Joint Report, or to sign it, you should complete one anyway.

Don't forget to draw a diagram to show the position of the vehicles; describe visible damages.

➤ AFTER THE ACCIDENT

Recommendations for the benefit of La Capitale general insurance clients only

If your vehicle cannot be driven:

If you are eligible for this service, call Cap roadside assistance at the number indicated on your membership card. Your vehicle will be moved to a secure location. Contact your regional Claims service department to report the loss.

If your vehicle can be driven:

Contact your regional Claims service department to report the loss as promptly as you can.

CLAIMS DEPARTMENT

Western region:

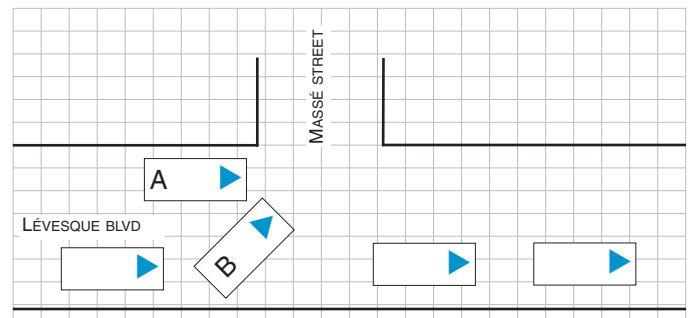
Abitibi-Témiscamingue - Lanaudière - Laurentides - Laval -
Montérégie - Montréal - Nord-du-Québec - Outaouais
Local: 514 906-2222 - Toll-free: 1 800 465-0770

Eastern region:

Bas-Saint-Laurent - Centre-du-Québec - Chaudière-Appalaches -
Côte-Nord - Estrie - Gaspésie - Îles-de-la-Madeleine -
Lac-Saint-Jean - Mauricie - Québec - Saguenay
Local: 418 266-9760 - Toll-free: 1 800 461-0770

Be sure to put your Joint Report in the glove compartment immediately upon receipt.

SKETCH IN AN EXAMPLE OF THE 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 _____

2. Place _____

3. Property damage other than to vehicles A and B Yes No

4. Witnesses: names, addresses, tel. numbers. State if passenger(s) in vehicle A or B.

Vehicle A		
Driver's license <input type="text"/> - <input type="text"/> - <input type="text"/>		
File No.		
Expiry Date <input type="text"/>		
Family Name _____	First Name _____	
Address _____	City _____	
Postal code <input type="text"/>	Tel. Home _____	Tel. Office _____

Vehicle B		
Driver's license <input type="text"/> - <input type="text"/> - <input type="text"/>		
File No.		
Expiry Date <input type="text"/>		
Family Name _____	First Name _____	
Address _____	City _____	
Postal code <input type="text"/>	Tel. Home _____	Tel. Office _____

Vehicle Registration <input type="text"/>		
File No.		
Owner (if driver is not the owner) _____		
Address _____	City _____	
Postal code <input type="text"/>	Tel. Home _____	Tel. Office _____
Make of vehicle _____	Year <input type="text"/>	
Serial Number _____		
Licence Plate _____	Expiry Date <input type="text"/>	

Vehicle Registration <input type="text"/>		
File No.		
Owner (if driver is not the owner) _____		
Address _____	City _____	
Postal code <input type="text"/>	Tel. Home _____	Tel. Office _____
Make of vehicle _____	Year <input type="text"/>	
Serial Number _____		
Licence Plate _____	Expiry Date <input type="text"/>	

Insurance Certificate _____	
Policy No. _____	Insurance Company _____
Family Name of Insured _____	Expiry Date <input type="text"/>
Address _____	First Name _____
Make of insured vehicle _____	City _____
Agent _____	Year <input type="text"/>
	Tel. _____

Insurance Certificate _____	
Policy No. _____	Insurance Company _____
Family Name of Insured _____	Expiry Date <input type="text"/>
Address _____	First Name _____
Make of insured vehicle _____	City _____
Agent _____	Year <input type="text"/>
	Tel. _____






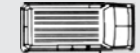
Description of damages to vehicle A and comments	Show initial point of impact with an arrow
_____	 Motorcycle
_____	 Car
_____	 Truck and other

Diagram of accident

Draw streets or roads; show and identify direction of vehicles A and B and position at impact; traffic signals.

Show initial point of impact with an arrow	Description of damages to vehicle B and comments
 Motorcycle	_____
 Car	_____
 Truck and other	_____

Signature of driver A _____
Do not alter Report in any way after it has been signed by both drivers and copies have been separated.

Signature of driver B _____