

# 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 Québec. **If there are injuries, even minor ones, call emergency services at once.**



4. Property damage other than to vehicles A and B  Yes  No  
 5. Witnesses: names, addresses, tel. numbers. State if passenger(s) in vehicle A or B

1. Date of accident \_\_\_\_\_ Time \_\_\_\_\_

2. Place \_\_\_\_\_

3. Injuries (even minor)  Yes  No

## Vehicle A

**Driver's licence** File No.  -  -

Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Family Name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. Home \_\_\_\_\_ Tel. Work \_\_\_\_\_

**Vehicle Registration** File No.

Owner (if driver is not the owner) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. Home \_\_\_\_\_ Tel. Work \_\_\_\_\_

Make of vehicle \_\_\_\_\_ Model Year \_\_\_\_\_ No. Cyl. \_\_\_\_\_

Serial Number \_\_\_\_\_

Licence Plate \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Insurance Certificate** Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Make of insured vehicle \_\_\_\_\_ Year \_\_\_\_\_

Agent/Broker \_\_\_\_\_ Tel. \_\_\_\_\_

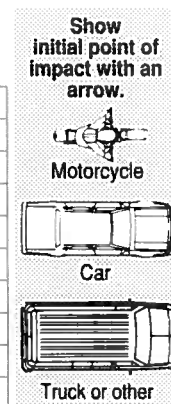
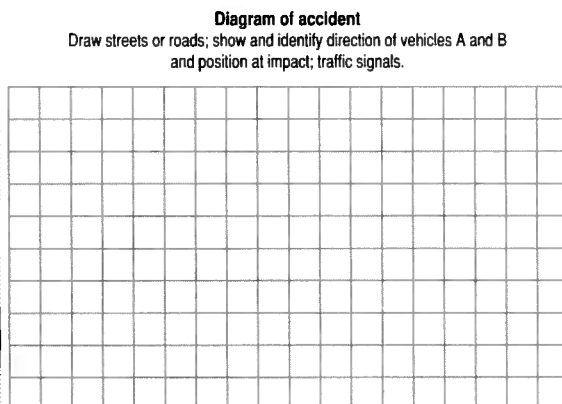
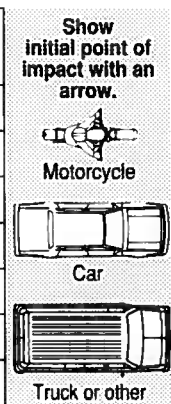
**Description of damages and comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Description of damages and comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Vehicle B

**Driver's licence** File No.  -  -

Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Family Name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. Home \_\_\_\_\_ Tel. Work \_\_\_\_\_

**Vehicle Registration** File No.

Owner (if driver is not the owner) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel. Home \_\_\_\_\_ Tel. Work \_\_\_\_\_

Make of vehicle \_\_\_\_\_ Model Year \_\_\_\_\_ No. Cyl. \_\_\_\_\_

Serial Number \_\_\_\_\_

Licence Plate \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

**Insurance Certificate** Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_ Effective Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Make of insured vehicle \_\_\_\_\_ Year \_\_\_\_\_

Agent/Broker \_\_\_\_\_ Tel. \_\_\_\_\_

**Signature of driver A**

**Signature of driver B**

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