

Give a brief description of the incident:

Date: _____

Time: _____

Loss location (street/intersection): _____

City and Province: _____

Option to draw incident diagram:



**GLOBAL
CORPORATE
SPECIALTY**

In case of an automobile incident

A quick guide to what to do if you're in an incident. Keep this in the glove compartment of your vehicle.

What to do

1. Stop immediately. Keep calm.
2. Warn oncoming traffic, if safe to do so.
3. Help the injured. Call a doctor or ambulance if necessary. Do not render first aid if you're not trained to do so.
4. Do not argue, accuse anyone, or admit any blame for the incident.
5. Call the appropriate law enforcement agency (RCMP, Provincial or City police).
6. Get the information outlined in this booklet.

Important

Report the incident immediately to us at 1-888-607-9410 or newGCsclaims@aviva.com

- If you're driving a company-owned business vehicle, follow your company's instructions for reporting an incident.
- Report the incident as required by law.

Name and address of the person providing the information in this booklet:

Name: _____

Address: _____

Vehicle #1 (you):

Driver's name: _____

Driver's license number: _____ Class: _____

Driver's phone: _____

Owner's name: _____

Owner's address: _____

Owner's phone: _____

Vehicle year/make/model: _____

Plate number: _____

Are there other occupants in the vehicle? ☐ Yes ☐ No If yes, how many? _____

List their name and contact information: _____

Was a trailer attached? ☐ Yes ☐ No Trailer owner: _____

Was the trailer damaged? ☐ Yes ☐ No _____

Did the trailer contain cargo? ☐ Yes ☐ No Cargo damaged? ☐ Yes ☐ No _____

Year/Make/Model, plate and VIN: _____

Vehicle #2 (other vehicle):

Driver's name: _____

Driver's license number: _____ Class: _____

Driver's phone: _____

Owner's name: _____

Owner's address: _____

Owner's phone: _____

Vehicle year/make/model: _____

Plate number: _____

Are there other occupants in the vehicle? ☐ Yes ☐ No If yes, how many? _____

List their name and contact information: _____

Describe the conditions:

Road character:

☐ straight ☐ curve ☐ level ☐ on grade ☐ hillcrest

Road character:

☐ dry ☐ wet ☐ muddy ☐ snowy ☐ icy

Road defects:

☐ defective shoulders ☐ holes ☐ deep ruts ☐ bumps ☐ loose material on surface ☐ no defects

☐ other (specify) _____

Weather:

☐ clear ☐ raining ☐ snowing ☐ fog ☐ other (specify) _____

Traffic control:

☐ stop signs ☐ traffic lights

Light:

☐ daylight ☐ dawn ☐ darkness – street lights ☐ dusk ☐ darkness – no street lights

Witnesses:

If there were witnesses list their name and contact information: _____

Police and Emergency Services:

Police on scene: ☐ Yes ☐ No

Police department: _____

Police report number: _____

Officer's name and badge number: _____

Tickets issued? ☐ Yes ☐ No

If yes, to whom? _____

Charge: _____

Did ambulance or fire services arrive on the scene? ☐ Yes ☐ No

Did paramedics or fire fighters provide medical assistance? ☐ Yes ☐ No

If yes, who was treated on scene? _____

Was anyone taken from the scene via ambulance? ☐ Yes ☐ No

If yes, who was taken in ambulance? _____

Non-vehicular Property Damage:

Owner's full name: _____

Location/Address: _____

Description of property and damages: _____
