

Collision report form

A. Other vehicle owner			
Name		Driver's licence number	
Address		Phone number	
Insurance company		Policy number	
Vehicle licence plate number	Vehicle year, make, model	VIN	
B. Other driver (if different fr	om vehicle owner)		
Name		Driver's licence number	
Address		Phone number	
C. Witnesses			
1. Name		Phone number	
Address			
2. Name		Phone number	
Address			
D. Collision information			
Location			
Date		Time	
Vehicle towed by whom		Phone number	
Vehicle towed where		Phone number	
Note: Photos of the scene and vehi your adjuster.	cle positions, signage and/or location of any traffic c	ontrols governing the intersection are helpful for	
Collision report form - ONTARIO			
1/1 05/2017 2566	This is a general description of coverage available. Actua	This is a general description of coverage available. Actual policy conditions govern.	