

2160 Dunwin Dr., Unit 6, Mississauga, ON L5L5M8 Tel: 905-828-5544 Fax: 905-828-7849

Toll Free: 1-800-463-4272

## **ACCIDENT REPORT FORM**

Please print or type information

Keep this form in your car with your liability certificate. In case of accident: do not admit liability, if necessary, call Police & Ambulance and complete this form and report to our office at the first opportunity.

DATE:						
	TIME:		LOCATION:			
DESCRIPTION:	· •					
PERSONS INJURED:	**	···· = • · · · · · · · · · · · · · · · ·				
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OWNER'S NAME:			THE CONTRACTOR OF THE	- IIVLL	<u> </u>	
ADDRESS:			HOME PHONE:	HOME PHONE:		
		BUSINESS PHONE:				
DRIVER'S NAME:	· · · · · · · · · · · · · · · · · · ·		DRIVER'S LICEN	VSE #:		
ADDRESS, PHONE:						
7.55.1255, 7.75.12.						
VEHICLE MAKE:		YEAR:		LIC.#	<del>, -</del>	
INSURANCE COMPANY:		TEAC	·	POLICY	ē 44.	
AGENT/BROKER:				POLIC	T #:	
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OWNER'S NAME:	continued to a section of the sectio	m-cere: nio	GIVE TO OTHER	DKIYEK		
ADDRESS:			HOME PHONE:			
			BUSINESS PHONE:		·	
DRIVER'S NAME:	IVER'S NAME:			DRIVER'S LICENSE #:		
ADDRESS, PHONE:		· •••				
VEHICLE MAKE:	ICLE MAKE: YEAR:			LIC.#		
INSURANCE COMPANY				POLICY#:		
AGENT/BROKER:						
		POLICE	NVESTIGATION.			
OFFICER'S NAME:			BADGE#:		DIVISION:	
	e Walion and the Committee of the Commit	W	TNESSES	T. Palja		
NAME:			NAME:			
ADDRESS & PHONE #:			ADDRESS & PHONE #:			