# **JOINT REPORT OF AUTOMOBILE ACCIDENT**



#### Joint Report in French?

If the other driver has a French version of a Joint Report produced by the Groupement des assureurs automobiles (GAA), you can follow the translation on yours as both versions are identical.

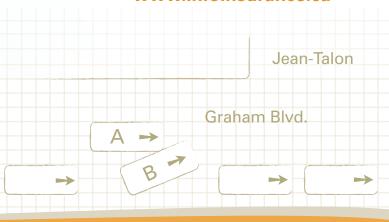
#### Accident not involving a third party?

You can use a Joint Report to report the facts in connection with an accident not involving any other driver: rollover, theft, vandalism or fire.

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### > WHATTO DO in case of an accident?

If someone is injured, even slightly:

- 1. Call emergency services first.
- 2. Complete a Joint Report.

### If damages only:

- 1. Have on hand the following three documents: driver's licence, vehicle registration and insurance partificate.
- **2.** Carefully complete a single Joint Report with the other driver.

#### > AFTER the accident

**Promptly** report the accident to your insurer (broker or agent).

Do not alter the Joint Report in any way after it has been signed. Forward your copy to your insurance company (broker or agent) as soon as possible after the accident.

Keep a copy of the duly signed Joint Report for at least six years after the date of the accident.

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

## > HOW TO COMPLETE the Joint Report

- 1. Use only one Joint Report for 2 vehicles involved (2 Joint Reports for 3 vehicles, etc.). 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.

4. 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.

All parties involved in the accident should have in hand an exact copy of the completed form

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

## 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.



It is your responsibility to inform your insurer or broker of any accident in which you are involved.

			y damage other than to ve ecify:	hicles A and B YES NO		
1. Date of accident	Time	20, Gp	n red, specify.			
2. Place			ses: names, addresses, te or B.	I. numbers. State if passenger(s) in		
3. Injuries (even minor)	s 🗆 NO					
VEHICL	FΔ		VEHIC	CLE B		
Driver's licence		- Driver's	s licence			
Effective Date	Expiry Date	Effective Da		Expiry Date		
Family name	First name	Family name	,	First name		
Address	Tel. Home	Address		Tel. Home		
City Postal Code	Tel. Work	City	Postal Code			
E-mail	Cell phone	E-mail		Cell phone		
Vehicle registration		Vehicle registration Serial number				
Owner (if driver is not the owner)		Owner (if dri	ver is not the owner)			
Address	City	Address		City		
Postal Code Tel. Home	Tel. Work	Postal Code	Tel. Home	Tel. Work		
Make of vehicle	ModelYear	Make of vehi	icle	ModelYear		
Serial Number		Serial Numb				
Licence Plate	Effective Date	Licence Pla	te	Effective Date		
Insurance certificate	la sussessi	Insuran	ce certificate	Insurance Company		
Policy no.	Effective Date	Policy no.		Effective Date		
Family Name	First Name	Family Name	9	First Name		
Address	City	Address		City		
Agent/Broker	Tel.	Agent/Broke	r	Tel.		
Description of damages and comme Show initial point of impact with an arrow	Draw streets	Diagram of accident s or roads; show and identify direction and B and position at impact; traffic sign	of vehicles	escription of damages and comments Show initial point of impact with an arrow		
			S			
	At the scene of the	accident, presence of:	ARRET A			
Towing of vehicle A YES NO	At the scene of the		Towing	g of vehicle B YES NO		
Signature of driver A		Signature of driver B				

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VEHICL	FΔ		VEHIC	CLE B		
Driver's licence		- Driver's	s licence			
Effective Date	Expiry Date	Effective Da		Expiry Date		
Family name	First name	Family name	,	First name		
Address	Tel. Home	Address		Tel. Home		
City Postal Code	Tel. Work	City	Postal Code			
E-mail	Cell phone	E-mail		Cell phone		
Vehicle registration		Vehicle registration Serial number				
Owner (if driver is not the owner)		Owner (if dri	ver is not the owner)			
Address	City	Address		City		
Postal Code Tel. Home	Tel. Work	Postal Code	Tel. Home	Tel. Work		
Make of vehicle	ModelYear	Make of vehi	icle	ModelYear		
Serial Number		Serial Numb				
Licence Plate	Effective Date	Licence Pla	te	Effective Date		
Insurance certificate	la sussessi	Insuran	ce certificate	Insurance Company		
Policy no.	Effective Date	Policy no.		Effective Date		
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