

## Automobile Incident Report

<b>INSURED</b>		
Registered Owner: _____	Phone: _____	
Lessee: _____	Phone: _____	
Address: _____		
<b>DRIVER</b>		
Name: _____	Driver's License No.: _____	Age: _____
Address: _____		
Vehicle was used for: <input type="radio"/> Business <input type="radio"/> Pleasure		
<b>YOUR VEHICLE</b>		
Year: _____	Make: _____	Type: _____
Serial No.: _____	License No.: _____	
Describe Damage: _____		
Where is Vehicle now? _____	Estimate: \$ _____	
<b>TIME AND PLACE</b>		
Date of Accident: _____	Time: _____	
Place: _____	Town: _____	Province: _____
<b>DAMAGE TO PROPERTY OF OTHERS</b>		
Owner: _____	Address: _____	
Driver: _____	Address: _____	
Automobile: _____	Year: _____	Make: _____
License No.: _____	Phone: _____	
Describe Damage: _____		Estimate: \$ _____
Insurance Company: _____	Policy No.: _____	
<b>PERSONS INJURED</b>		
<u>Names</u>	<u>Addresses</u>	<u>Ages</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Injuries:</b> _____		
<b>POLICE</b>		
<input type="radio"/> Yes <input type="radio"/> No	Name of Officer: _____	Badge No.: _____
		Station: _____
<b>INDEPENDENT WITNESSES</b>		
<u>Names</u>	<u>Addresses</u>	<u>Phone Nos.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>ADJUSTER</b>		
Name of Adjusting Company: _____	When: _____	

## Automobile Incident Report

**DESCRIPTION OF INCIDENT:**

**SIGNATURE:**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

(mm/dd/yyyy)

**To submit this form:**

**Click the Print button to print the form. Obtain all required signatures and Fax to (519) 836-3278 or mail the completed form to Insurance Office, University Centre L5, University of Guelph.**