

ACCIDENT REPORT FORM

**In the event of an emergency,
contact 911 immediately.**

In the case of a non-emergency,
where the damage exceeds
\$1000 and the accident took place
in Ontario, contact a Collision
Reporting Centre within 24 hours of
the incident.

To make an insurance claim from
9-5pm, please contact Easyway
Insurance directly at:

Local: **(905) 890-0123**
Toll Free: **1 866 388-3034**
Hours: Mon – Fri 9am – 5pm

**To make a claim outside of
Easyway Insurance office hours,
please contact your insurance
provider directly.**

TO PREPARE TO MAKE AN INSURANCE CLAIM, GATHER THE FOLLOWING INFORMATION:

Your name _____

Your insurance policy # _____

Date _____

Time _____

Location of accident (City, Province, Address / Nearest Intersection)

Were there injuries? (Who was injured and what injuries were sustained?)

Number of passengers involved _____

Were any vehicles damaged? (List details) _____

Your description of the accident _____

Other driver(s) involved

First & last name _____

Driver's licence # _____

Insurance Company _____

Auto insurance policy # _____

Vehicle licence plate # _____

Was the accident reported to police? Yes No **If Yes:**

Police officer's name _____

Badge # _____