



INSURANCE
PORTFOLIO
INC

Claims Reporting Form

We hope that the day never comes when you are involved in an accident. But, if you are, we hope that this form will help you to collect all of the information that you and your insurance company will need. Please feel free to print off this form, and keep it in your glove compartment.

Insurance Portfolio Inc. Telephone Numbers:

- 416-754-3910
- 1-800-773-8638 (only in province of Ontario)
- 416-754-3914 (fax)

Things to Remember:

- stay calm
- if the vehicles are driveable, move them safely out of traffic
- call Police

<u>Accident Details:</u>				
Time of Accident:		a.m./p.m.	Street:	
Date of Accident:		(mm/dd/yy)	Town/City:	
			Province/State:	

<u>Your Information:</u>			
Name:		Insurance Policy Number:	
Address:		Insurance Company:	
Telephone Number You			

Can Be Reached At:			
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Your Speed:		km./m.p.h.	Their Speed:		km./m.p.h.
Weather Conditions:			Road Conditions:		
Description Of How The Accident Happened:					
Description Of Your Vehicle's Damage:					
Description Of Other Vehicle's Damage:					

<u>Other Owner/Driver:</u>			
Owner:		Driver:	
Address:		Address:	
Home Telephone:		Home Telephone:	
Work Telephone:		Work Telephone:	
Driver's License Number:		Driver's License Number:	

<u>Other Vehicle Information:</u>			
Vehicle Make:		Insurance Policy Number:	
Vehicle Model & Year:		Insurance Company:	
Vehicle License Number:			
Number Of Passengers:		Name(s) Of Injured:	

Where Treated:			
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<u>Witness Information:</u>			
Witness #1 Name:		Witness #2 Name:	
Address:		Address:	
Home Telephone:		Home Telephone:	

<u>Police Information:</u>
Investigating Officer Name:
Badge Number:
Report Number:
Local Detachment:

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Notes:

Feel free to make any notes below: