

THE ACCIDENT

TIME _____ AM PM DUSK

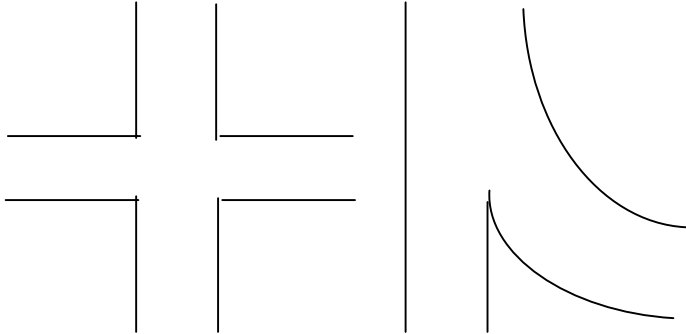
LOCATION _____

WEATHER & DRIVING CONDITIONS _____

DESCRIPTION OF ACCIDENT _____

DIAGRAM

D - DRIVER
1 - OTHER PARTY
2 - OTHER PARTY



Complete this diagram using arrow symbols to indicate the direction of vehicles involved accident and location at point of contact.

POLICE CONSTABLE _____

BADGE NUMBER _____

* This form does not constitute a Police Report.

WITNESSES

NAME _____

ADDRESS _____

PHONE _____

NAME _____

ADDRESS _____

PHONE _____

REPORTING

1. Call your private insurance provider, or ICBC at 604-520-8222, to report the accident
2. Call Allstar Collision with your claim number & registration number.
3. Let Allstar Collision take care of the rest!



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