MooreMcLean
INSURANCE GROUP LTD.

Moore-McLean
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AUTO ACCIDENT REPORTING FORM

INSURER:	AGENT OR BROKER:			CLAIM NUMBER:
NAME OF INSURED:	RES. PHONE #:	BUS. PHONE NUMBER #:	POLICY NUMBER:	
HOME ADDRESS:	BUSINESS ADDRESS:			
VEHICLE				
REGISTERED OWNER:	ADDRESS:			
ACTUAL OWNER:	ADDRESS:			
YEAR:	MAKE:	MODEL:	SERIAL/VIN:	LICENSE NO. & PROVINCE:
MILEAGE:	DESCRIBE DAMAGE:			ESTIMATE OF DAMAGE:
DRIVER				
NAME OF DRIVER:	AGE:	STATE ANY PHYSICAL DISABILITY:		HOW LONG DRIVING:
HOME ADDRESS:	BUS. ADDRESS:			
RES. PHONE #:	BUS. PHONE #:	DRIVERS' LICENSE NUMBER:		
PREVIOUS ACCIDENTS OR CONVICTIONS:				
DATE OF ACCIDENT:	TIME:	☐DAYLIGHT ☐DUSK ☐DARK	LOCATION OF ACCIDENT:	
PURPOSE OF TRIP AT TIME OF ACCIDENT:	WEATHER CONDITIONS:	ROAD CONDITIONS:		
YOUR SPEED:	DIRECTION:	OTHER DRIVER'S SPEED:	DIRECTION:	
POLICE INVESTIGATION BY:	CHARGES LAID:			
OFFICER NAME:	BADGE NUMBER:	DEPT. OR CITY:	REPORT NUMBER:	
HAD YOU CONSUMED ANY ALCOHOL OR DRUGS PRIOR TO THE ACCIDENT?: ☐YES ☐NO	WHO WAS RESPONSIBLE FOR THE ACCIDENT - REASON:			
PROPERTY OF OTHERS				
NAME OF INSURED:	PHONE NUMBER:	NAME OF INSURED:		
ADDRESS:	ADDRESS:			
YEAR/MAKE/MODEL OF VEHICLE:	LICENSE NUMBER:	YEAR/MAKE/MODEL OF VEHICLE:		
NAME OF INSURER:	POLICY NUMBER:	NAME OF INSURER:		
DESCRIPTION OF DAMAGE:	DESCRIPTION OF DAMAGE:			
WHERE VEHICLE CAN BE INSPECTED:	WHERE VEHICLE CAN BE INSPECTED:			
NAME OF DRIVER:	PHONE NUMBER:	NAME OF DRIVER:		

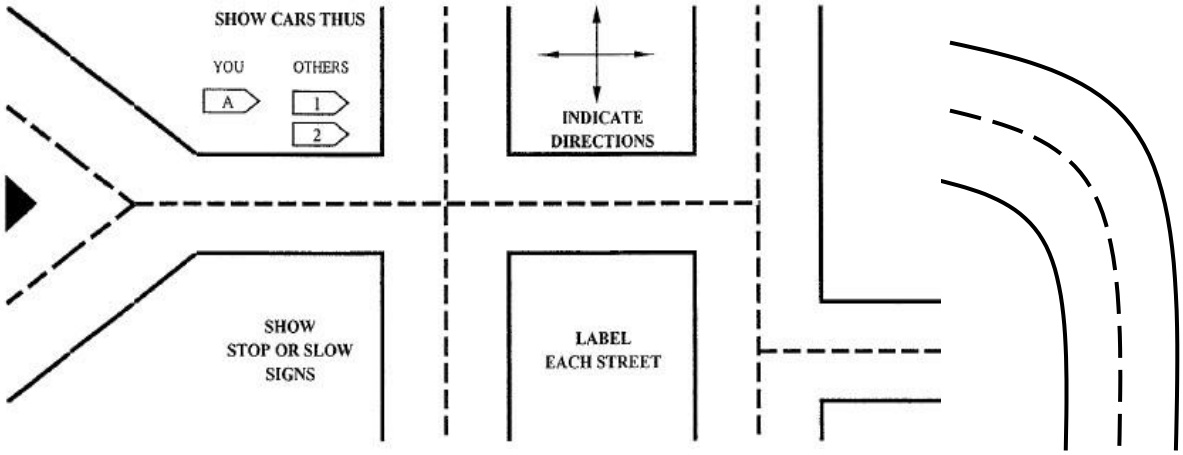
ADDRESS:	ADDRESS:

PERSONS INJURED					
NAME:		NAME:		NAME:	
ADDRESS:		ADDRESS:		ADDRESS:	
PHONE #:	AGE:	PHONE #:	AGE:	PHONE #:	AGE:

WITNESSES		
NAME:	NAME:	NAME:
ADDRESS:	ADDRESS:	ADDRESS:
PHONE #:	PHONE #:	PHONE #:
IN WHICH CAR? ☐ YOUR CAR ☐ OTHER CAR #1 ☐ OTHER CAR #2 ☐ OTHER	IN WHICH CAR? ☐ YOUR CAR ☐ OTHER CAR #1 ☐ OTHER CAR #2 ☐ OTHER	IN WHICH CAR? ☐ YOUR CAR ☐ OTHER CAR #1 ☐ OTHER CAR #2 ☐ OTHER

DESCRIPTION OF ACCIDENT

(Illustrate position of cars at the time of collision. Show skid marks.)
(If any street is more than two lanes or is one way only, please indicate



ACCIDENT DESCRIPTION

DATE:	SIGNATURE OF DRIVER:

TO BE COMPLETED BY THE POLICYHOLDER	
WHO IS THE PRINCIPAL DRIVER OF THE VEHICLE?	WHAT IS THE DRIVER'S RELATIONSHIP TO YOU?
WAS THE VEHICLE BEING USED WITH YOUR CONSENT?	LIEN OR MORTGAGE ON VEHICLE TO:
DATE:	SIGNATURE OF POLICYHOLDER:

PRIVACY
Some of the information you provide in this report may be personal. By completing and signing this form, you confirm that you have given us authority to use and share this information with other insurance companies, counsel, or other people with an interest in this claim.