



Idris Insurance Brokers Ltd.  
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**Print this sheet and leave a copy in your glove box.  
 In the event you get into an accident, it will be useful.**

- Do not panic, remain calm,
- Is anyone hurt? If so, call an ambulance and give the location of accident (call 911).
- Have your drivers' license, vehicle registration, and Insurance certificate handy.

**Date of accident:** \_\_\_\_\_ **Time of accident:** \_\_\_\_\_

**Location of accident:** \_\_\_\_\_

**VEHICLE #2 - Information of the other person involved in the accident:**

Driver's name: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

Driver's address: \_\_\_\_\_

Driver's Home and Business phone: \_\_\_\_\_

**If Driver does not own the vehicle they are driving get the following:**

Owner's name: \_\_\_\_\_

Owner's license number: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Owner's Home and Business phone: \_\_\_\_\_

**THEIR INSURANCE**

Insurance company: \_\_\_\_\_

Insurance agent/broker: \_\_\_\_\_

Policy number: \_\_\_\_\_

Expiry date: \_\_\_\_\_

**THEIR VEHICLE (S):**

Make and model of vehicle: \_\_\_\_\_

Year: \_\_\_\_\_

License Number: \_\_\_\_\_

Description of damage to vehicle:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**THE WITNESS(ES)**

Must not be passenger in either vehicle involved.

#1)

\_\_\_\_\_

Witness name:

\_\_\_\_\_

Witness address:

\_\_\_\_\_

Witness Home and Business phone:

#2)

\_\_\_\_\_

Witness name:

\_\_\_\_\_

Witness address:

\_\_\_\_\_

Witness Home and Business phone:

#3)

\_\_\_\_\_

Witness name:

\_\_\_\_\_

Witness address:

\_\_\_\_\_

Witness Home and Business phone: