

# JOINT REPORT OF AUTOMOBILE ACCIDENT

PRINTER-FRIENDLY VERSION

*Simplifying claims settlement*

## STEPS

- 1 If someone is injured, even slightly, *first call emergency services.*
- 2 Complete a copy of the Joint Report for each vehicle.  
*The same information must appear on both copies.*
- 3 Carefully copy the information that is on the driver's licence, vehicle registration certificate and insurance certificate.
- 4 If there are witnesses, provide their name and address under item 3 of the Joint Report.
- 5 Each driver must sign the completed Joint Reports and keep a copy.  
*Once signed, no changes can be made to the Joint Reports, except by mutual consent of both parties.*
- 6 *Notify your insurer or broker immediately and send him your Joint Report right away.*

**Your signature is not an admission of liability.**

However, if the other driver refuses to fill out or sign a Joint Report, you can still complete one.

## CLAIMS SETTLEMENT

Your insurer will establish your **liability** in the collision using the **Direct Compensation Agreement (DCA)** which illustrates just about every possible accident scenario.

Under the DCA, each policyholder is compensated for material damage by his insurer, regardless of whether or not he was at fault for the accident:

- **If you are at fault:** you will be compensated if your policy has collision coverage. You will have to pay a deductible.
- **If you are not at fault:** you will be compensated even if your policy does not have collision coverage and you will not have to pay a deductible.

The claim will then be entered in your file in the **Fichier central des sinistres automobiles (FCSA)**.

Your insurer will have the damage to the vehicle appraised by an appraiser to evaluate the cost of the repairs.

Find out more: [gaa.qc.ca](http://gaa.qc.ca)

**Information Centre**

514 288-4321

1 877 288-4321

[info@gaa.qc.ca](mailto:info@gaa.qc.ca)

**IMPORTANT: Fill out and send both pages of this form**

## JOINT REPORT OF AUTOMOBILE ACCIDENT

1 Date of accident \_\_\_\_\_ Time \_\_\_\_\_

2 Location \_\_\_\_\_

3 Witnesses (*other than the passengers of the vehicles involved*):  
*names, addresses and phone numbers.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If someone is injured, even slightly,  
call emergency services.**

The Joint Report is a straightforward accident report. It serves only to identify the parties involved and to speed up claims settlement. Your signature is not an admission of liability.

You're required to report any accident you're involved in to your insurer or broker.

## DRIVER A

### Driver

Driver's licence      -       -

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work phone \_\_\_\_\_

### Owner of the vehicle (or lessor for more than one year)

Information same as driver. If not, complete:

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

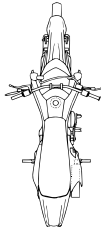
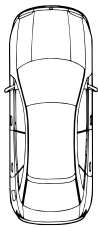
Work phone \_\_\_\_\_

Registration Certificate  Licence plate No. \_\_\_\_\_

Make of the vehicle \_\_\_\_\_ Year \_\_\_\_\_

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

Policy No. \_\_\_\_\_



### Description of accident and damages

(Show initial point of impact with an arrow)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of  
DRIVER A \_\_\_\_\_

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## DRIVER B

### Driver

Driver's licence      -       -

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Work phone \_\_\_\_\_

### Owner of the vehicle (or lessor for more than one year)

Information same as driver. If not, complete:

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

E-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

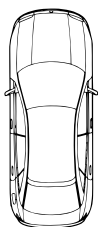
Work phone \_\_\_\_\_

Registration Certificate  Licence plate No. \_\_\_\_\_

Make of the vehicle \_\_\_\_\_ Year \_\_\_\_\_

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

Policy No. \_\_\_\_\_



### Description of accident and damages

(Show initial point of impact with an arrow)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of  
DRIVER B \_\_\_\_\_