

**IMPORTANT:** Complete the form, give the section containing your information to the other driver involved in the accident and keep the other section.

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.

## DRIVER A

Date of accident	Time	Location	
<b>Driver</b>		<b>Owner</b> of the vehicle (or lessor for more than one year)	
Driver's licence <input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="checkbox"/> Information same as driver's. If not, complete:	
First name	Last name	First name	Last name
Address		Address	
City	Postal code	City	Postal code
E-mail		E-mail	
Phone		Phone	
<b>Registration certificate</b>	Licence plate N°	Mark of the vehicle	Year
<b>Certificate of insurance</b>	Insurance company		Policy N°

Description of accident and damages / Witnesses	Signature of DRIVER A
	Signature of DRIVER B



## DRIVER B

Date of accident	Time	Location	
<b>Driver</b>		<b>Owner</b> of the vehicle (or lessor for more than one year)	
Driver's licence <input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="checkbox"/> Information same as driver's. If not, complete:	
First name	Last name	First name	Last name
Address		Address	
City	Postal code	City	Postal code
E-mail		E-mail	
Phone		Phone	
<b>Registration certificate</b>	Licence plate N°	Make of the vehicle	Year
<b>Certificate of insurance</b>	Insurance company		Policy N°

Description of the accident and damages / Witnesses	Signature of DRIVER A
	Signature of DRIVER B