



QUALITY ASSURED

Collision Services

www.qualityassured.ca

Accident Report Form

Quality Assured Collision Services Ltd.

Date	Time	Place (Street)
Attending Officer		Police Report#

Other Vehicle Information

Year	Make	Model
Licence Plate	Colour	Number of Passengers

Other Driver Information

Last Name		First Name
Phone Home		Address
Phone Other		
Insurance Company		
Claim Number		Policy Number

Other Vehicle Occupant Information

Front Centre	Name	Contact	Nature Of Injury (if applicable)
Front Right	Name	Contact	Nature Of Injury (if applicable)
Middle Left	Name	Contact	Nature Of Injury (if applicable)
Middle Centre	Name	Contact	Nature Of Injury (if applicable)
Middle Right	Name	Contact	Nature Of Injury (if applicable)
Rear Left	Name	Contact	Nature Of Injury (if applicable)
Rear Centre	Name	Contact	Nature Of Injury (if applicable)
Rear Right	Name	Contact	Nature Of Injury (if applicable)

Witness Information

Witness #1	Name	Phone	Address
Witness #2	Name	Phone	Address

Use the back of this form for any additional information which may be useful to your insurance company.
Consider showing the position of the vehicles and their direction.