

Joint Report

OF AUTOMOBILE ACCIDENT



What to do in case of an accident ?

If someone is injured, even slightly :

Call emergency services first and then complete a Joint Report.



groupement
des assureurs
automobiles

If damages only :

Using the three documents that you and the other driver should have on hand — driver's licence, vehicle registration and insurance certificate — carefully complete a single Joint Report with the other driver.

How to complete the Joint Report

1 Use only one Joint Report for 2 vehicles involved (2 Joint Reports for 3 vehicles, etc.). The form can be supplied or completed by either party. Use a ball-point pen if possible and press firmly to ensure that the copy is also legible.

2 Carefully copy the information from the driver's licence (blue), the vehicle registration (green) and the insurance certificate (pink).

3 If there are witnesses, list names and addresses at Point 5 of the Joint Report. This is especially important if there are any problems with the other driver.

4 Sign and have the other driver sign the Joint Report. Each driver retains a copy.

If the other driver refuses to complete a Joint Report, or to sign it, you should complete one anyway.

Don't forget to draw a diagram to show the position of the vehicles; describe visible damages.



After the accident

If your vehicle can be driven, you will be directed by your insurance company (broker or agent) to an Approved Appraisal Centre or an Accredited Appraising Firm. If not, advise where and when your vehicle can be inspected for damages by an appraiser.

Do not alter the Joint Report in any way after it has been signed. Forward your copy to your insurance company (broker or agent) within five days of the accident.

Accident not involving a third party ?

You can use a Joint Report to report the facts in connection with an accident not involving any other party: capsizing, theft or fire.

Be sure to put your Joint Report in the glove compartment immediately upon receipt.

Joint Report in French ?

If the other driver has a French version of a Joint Report produced by the Groupement des assureurs automobiles (GAA), you can follow the translation on yours as both versions are identical.



Joint Report of Automobile Accident

Completing this Joint Report cannot in any way be construed as an admission of liability. Its purpose is strictly to help identify the parties involved in an accident in order to speed up the claim settlement. It should be signed by both drivers in any accident taking place in Québec. If there are injuries, even minor ones, call emergency services at once.



1. Date of accident _____ Time _____

2. Place _____

3. Injuries (even minor) ☐ Yes ☐ No

4. Property damage other than to vehicles A and B ☐ Yes ☐ No
5. Witnesses: names, addresses, tel. numbers. State if passenger(s) in vehicle A or B

Vehicle A

Driver's licence

File No. _____ - _____ - _____

Effective Date _____		Expiry Date _____	
Family Name _____		First name _____	
Address _____		City _____	
Postal Code _____	Tel. Home _____	Tel. Work _____	

Vehicle Registration

Owner (if driver is not the owner) _____

File No. _____

Address _____		City _____	
Postal Code _____	Tel. Home _____	Tel. Work _____	
Make of vehicle _____	Model Year _____	No. Cyl. _____	
Serial Number _____			
Licence Plate _____	Effective Date _____	Expiry Date _____	

Insurance Certificate

Insurance Company _____

Policy No. _____	Effective Date _____	Expiry Date _____
Family Name _____		First Name _____
Address _____		City _____
Make of insured vehicle _____		Year _____
Agent/Broker _____		Tel. _____

Vehicle B

Driver's licence

File No. _____ - _____ - _____

Effective Date _____		Expiry Date _____	
Family Name _____		First name _____	
Address _____		City _____	
Postal Code _____	Tel. Home _____	Tel. Work _____	

Vehicle Registration

Owner (if driver is not the owner) _____

File No. _____

Address _____		City _____	
Postal Code _____	Tel. Home _____	Tel. Work _____	
Make of vehicle _____	Model Year _____	No. Cyl. _____	
Serial Number _____			
Licence Plate _____	Effective Date _____	Expiry Date _____	

Insurance Certificate

Insurance Company _____

Policy No. _____	Effective Date _____	Expiry Date _____
Family Name _____		First Name _____
Address _____		City _____
Make of insured vehicle _____		Year _____
Agent/Broker _____		Tel. _____

Description of damages and comments

Show initial point of impact with an arrow.



Diagram of accident
Draw streets or roads; show and identify direction of vehicles A and B and position at impact; traffic signals.



Show initial point of impact with an arrow.



Description of damages and comments

Signature of driver A

Do not alter Report in any way after it has been signed by both drivers and copies have been separated.

Signature of driver B