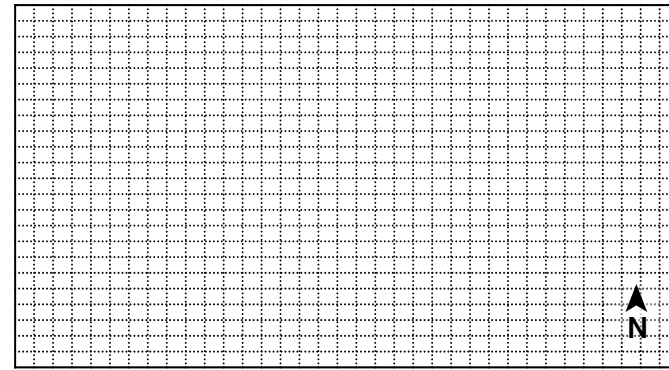


## Instructions to driver in case of an accident

1. Immediately set reflectors and post someone to warn traffic.
2. If anyone is injured, render aid and call for medical help.
3. Report accident promptly as instructed by your employer. If you cannot reach your employer, immediately call our 24-hour service at: **1 833 304 7627**.
4. Obtain witness information, including names and addresses, telephone and licence plate numbers and insurance details.
5. If it is safe to do so, photograph the accident scene and the vehicles involved. (Refer to dash cam guidelines within this document if applicable.)
6. Protect your vehicle and cargo from further damage or theft.
7. Do not move your vehicle unless it poses a danger. Wait for the police to arrive.
8. Do not give a statement or sign any documents unless requested to do so by your adjuster at Intact Insurance, a lawyer hired by Intact Insurance on your behalf, or the police.
9. Do not admit responsibility or agree to pay for anything.
10. Complete the Preliminary Accident Report form within this document, and return it to your employer.

## Diagram of accident



Indicate names of streets, traffic signs, direction of vehicles and their respective positions at time of impact.

A = Your vehicle B and C = Other vehicles

## Providing dash cam footage

**Your dash cam footage can help provide more insight into what happened in an accident.**

If you are involved in an accident, it is good practice to send your dash cam footage to your insurance provider as soon as possible. \* Footage can be sent conveniently from your mobile phone or your personal computer.

To ensure the proper set-up, use and downloading of your dash cam footage, follow the detailed instructions provided in the user manual for your specific dash cam model.

\*Important reminder: Formatting the SD memory card from your dash cam may delete all existing videos; it's important to download any critical recorded videos before performing this function.

# We're here to help



## 24 / 7

In the event of a claim, you may contact us 24/7 at **1 833 304 7627** and we'll help you through the process as quickly and efficiently as possible.

**Thank you for choosing Intact Insurance.**

**Intact.ca**

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Long-Haul  
Trucking

Accident guidelines and report

**To report an accident,  
please call: 1 833 304 7627**



# Preliminary accident report

Complete this at the scene of the accident and return it to your employer.

## Accident description

Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Time of incident: \_\_\_\_\_

Your direction (Vehicle A): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Direction Vehicle B: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Weather: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Road conditions:  dry/clear  wet  ice covered  snow covered

Road configuration (select all that apply):

highway/interstate  controlled intersection  curved roadway

city  uncontrolled intersection  upgrade

rural  straight roadway  downgrade

Environmental clean up required? Yes  No

Towing company name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Additional notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Your vehicle

## Vehicle (A)

### Driver

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Drivers licence #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Number of occupants: \_\_\_\_\_

## Tractor

Make/Model: \_\_\_\_\_

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

Licence plate: \_\_\_\_\_

Owner: \_\_\_\_\_

VIN#: \_\_\_\_\_

Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the vehicle equipped with a dash cam and did it capture the event? Yes  No

Is the vehicle equipped with telematics and did it capture the event? Yes  No

## Trailer

Make/Model: \_\_\_\_\_

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

Licence plate: \_\_\_\_\_

Owner: \_\_\_\_\_

VIN#: \_\_\_\_\_

Damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cargo description (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Other vehicles / Drivers involved

## Vehicle (B)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vehicle owner's name if different than driver: \_\_\_\_\_  
\_\_\_\_\_

Vehicle description: \_\_\_\_\_

Licence plate: \_\_\_\_\_

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

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

Number of occupants: \_\_\_\_\_

Injury description: \_\_\_\_\_

Taken to hospital?: \_\_\_\_\_

Damage description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the vehicle equipped with a dash cam and did it capture the event? Yes  No

Is the vehicle equipped with telematics and did it capture the event? Yes  No

## Vehicle (C)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vehicle owner's name if different than driver: \_\_\_\_\_  
\_\_\_\_\_

Vehicle description: \_\_\_\_\_

Licence plate: \_\_\_\_\_

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

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

Number of occupants: \_\_\_\_\_

Injury description: \_\_\_\_\_

Taken to hospital?: \_\_\_\_\_

Damage description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the vehicle equipped with a dash cam and did it capture the event? Yes  No

Is the vehicle equipped with telematics and did it capture the event? Yes  No

# Other injured person(s)

Name(s): \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In which vehicle?: \_\_\_\_\_

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

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

Injuries: \_\_\_\_\_  
\_\_\_\_\_

Taken to hospital?: \_\_\_\_\_

## Witness info

1. Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Police info

Officer name: \_\_\_\_\_  
\_\_\_\_\_

Station: \_\_\_\_\_

Badge number: \_\_\_\_\_