WHAT to do after an AUTO COLLISION

STOP

Failure to stop could result in demerit points or criminal prosecution.

CALL AMBULANCE

Call for an ambulance if anyone is seriously injured.

ENSURE SAFETY

Do not stand in between two vehicles, or in front or behind a vehicle to inspect damage. When the area is safe, move vehicles and passengers away from traffic, unless someone is injured or you suspect a drunk driver. To alert other drivers, use hazard lights, cones, warning triangles or flares.

INFORMATION

Take pictures and collect information from the other driver and witnesses if possible. As a helpful guide, use the Collision Worksheet on the inside of this brochure. More copies can be found at:

www.autoinsurance.alberta.ca

REPORT to the POLICE

- If anyone is injured.
- If any of the vehicles are not driveable.
- If any driver does not have a driver's licence, or proof of insurance.
- If the total damage to all vehicles and property appears to be more than $2,000, file a Collision Report Form. Failure to do so could result in demerit points or a fine.

REMEMBER:

The compensation provided by your insurance company may be limited by the following:

- Voluntarily assuming liability;
- Promising to pay for damages;
- Accepting money at the scene; and
- Agreeing to forget about the collision.

IF YOU HAVE BEEN INJURED

seek medical treatment as soon as possible.

CONTACT your INSURER

As soon as possible, advise your insurer of the details of the collision, including any injuries and damages to vehicles or properties. It is important to confirm what is included in your coverage and request the forms required to access coverage. Insurance companies determine liability, not the police. If necessary, liability can be determined by the court.

USEFUL TIPS:

- Read your policy when you purchase insurance coverage. Do not wait until after a collision.
- If you don't understand your policy, ask your agent, broker, or insurance company for clarification.
- If you are involved in an auto collision, keep records of what happened and who you spoke to such as the police or your insurer.

VEHICLE REPAIR

- You have the right to have your vehicle's damage estimated and repaired at the repair facility of your choice. When you select the repair facility, the responsibility for a satisfactory repair job rests with you, not the insurer.
- Your insurance company may recommend, but not require that your car be repaired at a specific shop.
- In some cases, your insurer may exercise their right to repair your vehicle by giving you formal notice. In such a case, your insurer may have the vehicle repaired where they choose, but must restore the damaged vehicle to its condition prior to the collision.
- In case of disagreement with your insurer over your vehicle's repair, a formal dispute resolution process is available to you.

RECOMMENDED INFORMATION TO COLLECT AFTER A COLLISION

NOT A LEGAL DOCUMENT

YOUR INFORMATION

Driver's Name		Owner's Name (if different from driver)	
Damage to Vehicle		Is Damage over $2,000? Y/N	Driveable?
No.of Passengers	Passengers' Names (list all)	Passengers' Positions in Vehicle	Injured?

OTHER DRIVER'S INFORMATION

Driver's Name	Injured?	Owner's Name	Owners's Phone
Street Address		Owner's Address	
City, Town, or County, and Postal Code		Insurance Company	Phone
Bus. Phone	Res. Phone	Insurance Broker or Agent	Phone
Email Address		Insurance Policy No.	Policy Expiry Date MM/DD/YY
Drivers Licence No.		Damage to Vehicle	Is Damage over $2,000? Y/N
Car Make, Model	Year / Colour		
VIN	Plate No.		Driveable? Y/N
No.of Passengers	Passengers' Names (list all)	Passengers' Positions in Vehicle	Injured? Y/N

DESCRIPTION OF COLLISION

Date	Estimated Speed of Vehicle(s)	Weather Conditions (fog, hail, clear)
Time	Location	Road Conditions (icy, wet, clear, debris)
Diagram: include streets, traffic controls, visual obstacles, etc.		Light Conditions (dawn, dusk, dark, day)
1 -*Vehicle 1* 2 -*Vehicle 2* N		Description of Collision

AUTO COLLISION WITNESSES

Name	Phone
Address	Email Address
Name	Phone
Address	Email Address

ATTENDING POLICE OR RCMP OFFICER

Name	Badge No.	Division	Bus. Phone

TOW TRUCK OPERATOR

Company	Truck No.	Bus. Phone
Driver's Name	Address Towed To	

This worksheet has been prepared for recording information at the time of a private passenger vehicle collision. At a later date you may require most of the information from this form for completion of official documents including a collision report with the local police department or a claim form provided by an insurance company.