



# OMA Insurance Accident Reporting Kit

YOUR CHECKLIST TO GATHER IMPORTANT ACCIDENT INFORMATION  
BE PREPARED... KEEP THIS IN YOUR GLOVE BOX

 Not for profit. All for doctors.

## 1. HOW ACCIDENT OCCURRED

Describe how the accident occurred.


## 2. FACTS OF ACCIDENT

Note: never admit responsibility to anyone for the accident.

Date of the Accident:	Day Month Year	Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	On what street?	At what speed? <input type="checkbox"/> KM/H <input type="checkbox"/> MPH	Which vehicle entered intersection first? If applicable. <input type="checkbox"/> Your vehicle <input type="checkbox"/> Other vehicle
Location – Street(s), Intersections(s) or Highway number(s):			What direction was other vehicle travelling?		What was the distance from the point of collision when you first saw other vehicle:
City:		Province or State:			
What direction were you travelling?			On what street?	At what speed? <input type="checkbox"/> KM/H <input type="checkbox"/> MPH	



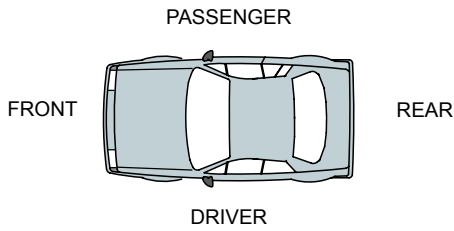
## 6. DESCRIBE DAMAGE TO OTHER VEHICLE

If possible, take a picture of the damage.

Also note any **Prior Damage**

### OTHER RELEVANT DAMAGES

Give details of any other damages.



Any damages to hydro pole, guard rail, or properties other than the autos involved in  YES  NO the accident?

If "YES", explain:

Damage:

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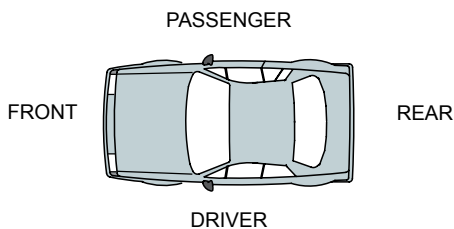
## 7. OTHER VEHICLE PASSENGER LIST

1. Full Name:		2. Full Name:		3. Full Name:	
Home Address:		Home Address:		Home Address:	
Home Phone No.:	Business Phone No.:	Home Phone No.:	Business Phone No.:	Home Phone No.:	Business Phone No.:

## 8. OWN VEHICLE DAMAGES

If possible, take a picture of the damage.

Also note any **Prior Damage**



Damage:

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Was vehicle loaded? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES" describe damage to cargo or contents.
Cargo/Contents damage:	
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Was vehicle left unattended after the accident? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES", how long? HRS. MINS.
Where were damaged goods taken?	
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Who took the damaged goods there?	
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## 9. WITNESS DETAILS

**Note: Independent witnesses not involved in the accident are particularly important.**

1. Full Name:		Licence Plate No.:	
Driver's Licence No.:			
Home Address:		Province or State:	
Home Phone No.:		Business Phone No.:	
Was <input type="checkbox"/> A pedestrian <input type="checkbox"/> A cyclist <input type="checkbox"/> Other			

2. Full Name:		Licence Plate No.:	
Driver's Licence No.:			
Home Address:		Province or State:	
Home Phone No.:		Business Phone No.:	
Was <input type="checkbox"/> A pedestrian <input type="checkbox"/> A cyclist <input type="checkbox"/> Other			

## 10. POLICE DETAILS

**Ask for copy of accident report, or the File No. assigned by Police.**

File No.:	
Investigating Officer's Full Name:	
Badge No.:	Police Officer's Phone No.:
Address of Police Station:	
Were you charged by the police? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was the other driver charged by the police? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Give details of all charges.
Was anyone injured? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, Name: _____

Was an ambulance at the scene? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was the fire department at the scene? <input type="checkbox"/> YES <input type="checkbox"/> NO
Other info:

If you are insured with OMA Insurance, you can call from the scene of a vehicle accident anywhere in North America:

**1.888.785.5502**

**Not insured with OMA?**

Get an auto insurance quote today!

Call **1.877.277.7165**

or visit **OMAinsurance.com**



This kit is being provided to assist you with the collection of information in the event of an accident. It is not to be treated as a comprehensive guide as to what you should do in the event of an accident. The Personal cannot be held responsible if any information regarding the accident has not been recorded properly, is not accurate, or if any information has been omitted by the person completing the information.